Lectures
ON
SOME OF THE DISEASES OF THE FEMALE URETHRA AND BLADDER.

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(*Continued from page* 451.)

Cystitis.—We come now to a much more painful and serious disease—namely, cystitis. Perhaps there are few maladies which are attended with more distress and misery than this, in its acute form, by whatever cause produced.

Its causes are various: gonorrhœa, from extension of the inflammation along the mucous membrane; ordinary vaginitis, though rarely; calculus or foreign body introduced from without, such as fœtal bones in extra-uterine pregnancy; irritating secretions, as highly charged urine, whether ammoniacal or acid; pus from the kidney, or from openings into its cavity by abscesses, as in peri-metritic suppuration; retention of urine from any cause, as misplaced uterus; and lastly, though by no means infrequent nor of least interest to the obstetrician, the process of parturition. This latter affects it in three ways principally: 1stly, by retention of urine during labour; 2ndly, by actual pressure on it during that process; 3rdly, by producing retention afterwards. These are the chief causes of cystitis.

Like other diseases, we have the acute form and the chronic; and these vary in severity, and in the amount of constitutional disturbance accompanying them. With all we have a constant symptom—namely, frequent desire to empty the bladder; the frequency, depending upon the severity of the disease, affording a tolerably fair criterion of its intensity. The pain during and after the act, when the walls of the bladder fall together, is sometimes of the most intense character, attended by a semi-convulsive tremor, and an extension of the irritation of the bladder to the other pelvic viscera, whereby such a general forcing or bearing down is produced that the patient scarcely quits the chamber utensil. When the organ again begins to fill, the distress is equally great, but rather more of pain than forcing, so that the patient has but little respite from agony.

You will, of course, find a considerable quantity of mucus in the urine; and if the disease is of a few days' standing, there will be pus, greater or less, according to the intensity of the disease. The presence of blood is by no means constant, but you will occasionally find it.

The urine under these circumstances will become ammoniacal, and that generally early in the complaint; and if the bladder be not wholly evacuated, the contents assume a putrid odour. In the severest cases the whole urine will appear like a quantity of pus, smelling most strongly of ammonia, with putrid odour. If it is allowed to stand, there will always be found some tenacious mucus at the bottom, holding crystals of the triple phosphate and amorphous carbonate of lime, effervescing strongly on the addition of any acid. If micturition is very frequent, the urethra and vulva become very irritated, tender, and excoriated, adding still further to the distress of the patient. These symptoms, combined with pain over the pubes, much increased by pressure, and general pelvic distress, will lead you to the conclusion that inflammation of the mucous membrane of the bladder exists.

If these symptoms succeed an attack of acute vaginitis—that is, pain and heat in the vagina, scalding in making water, and after a few days a profuse yellow discharge,—then it is to be considered that cystitis has originated in this complaint. Whether it be specific or not it is impossible to say; but when the attack is very sudden, and attended with a very large quantity of yellow discharge, the inference is in favour of its specific origin. This inference, however, is by no means certainly correct; and therefore, unless we have a clear history of contagion, we should not allow any hint to pass us as to our suspicions.

If there has been evidence of peri-metritic cellulitis, with a suspicion of suppuration, as shown by severe persistent throbbing pain and pyrexia with swelling, and an attack of acute cystitis supervene, then it is that we may suspect that a communication is about to be established between the swelling and the bladder; and that it has taken place will be made certain by a sudden increase of the quantity of pus in the urine, and a subsidence of the local pain.

If a tumour of any sort existing in the neighbourhood of the bladder, as extra-uterine fœtation, ovarian, &c., become tender and painful towards the bladder, and if afterwards symptoms of cystitis arise, then we may expect a communication with the bladder to have commenced, and we should look carefully in the urine to ascertain whether any unusual characters are present.

If the complaint be of some standing, or have supervened suddenly after pain in the flanks and loins, then we may suspect the presence of a calculus or of highly gritty urine. The former can be detected by a catheter or sound; the latter by ocular inspection.

Again, if these symptoms succeed immediately after labour, without any real retention, then it may be presumed that the urine was retained over-long during labour, or that the bladder was severely pressed upon during the passage of the head: the former may be known not to have been the case if the attendant had drawn off the water during labour. Should the vagina be sloughy also, we may suspect injury by pressure; but if the urine passes through the vagina, then it is clear that sloughing of the posterior wall of the bladder has taken place, and that a fistula has ensued. But if retention of urine after labour have occurred, and if the urine have not been drawn off within a reasonable time, and cystitis follow, then it is highly probable that the irritating effects of the urine and distension of the bladder have given rise to this calamity. Of course there may be a bladder already irritated by labour; but the retention of urine for over twenty-four hours in the bladder might either produce cystitis or exacerbate a slight amount of the disease into a severe form.

Now, retention of urine after labour is itself caused not infrequently by a swelling of the urethra from head-pressure. Doubtless, at times the bladder is semi-paralysed, and unable completely to evacuate its contents, so that a portion is always left behind, facilitating decomposition of the urine. But I believe that by far the commonest cause is the swollen and tender urethra and neck of the bladder, which prevents the exit of the renal secretion. One of the old rules in midwifery tended very much to cause this trouble, for it was insisted that the catheter should not be passed before everything possible had been done to make the patient pass urine naturally; because, it was said, if the catheter once began to be used the patient would for a longer or shorter time require it. But, though this is an excellent rule in some cases of single hysterical girls, yet carried to the extreme, such as I have seen and heard of, it is productive of serious injury. For two cases have recently been described, where unassisted retention for thirty-six hours was followed by complete separation of the coat of the bladder, and, as you may judge, the life of the patient placed in very great jeopardy.

I would wish to impress upon you particularly that if the patient wishes to pass urine and cannot, whether it be eight, twelve, or eighteen hours after labour, it is best to draw it off; because, unless you are certain to the contrary, from having drawn off the urine, a large quantity may have been secreted during the end of labour, perhaps pretty completely distending the bladder before its conclusion, and thus your patient may be in considerable discomfort soon after labour is terminated. Indeed, after labour of any kind is over it is well to see if the bladder contain any urine, and, should it do so, to pass a catheter. However, should the bladder from any cause be full, with or without pain, and the patient be unable to empty it, I should advise you not to leave this for twenty-four or thirty-six hours, but to draw it off—better too early than too late, notwithstanding the annoyance of the operation to the patient. And here you must be cautioned against a deception. The urine may flow even freely, and yet a large quantity be retained, which, decomposing speedily, shortly produces cystitis. I have seen many instances where even experienced medical men had been deceived on this point. The diagnosis of the retention of urine is sometimes not easy unless we are always on the *qui vive*.

Frequently the intermittent pains of the contraction of the bladder are mistaken for after-pains. I once found a lady taking calomel and opium frequently for inflammation; hot stupes were on the abdomen. She was complaining much of

very distressing forcing pain, with sweating; she had a furred tongue. On examining the abdomen with the hand, I found a large tumour up to the umbilicus. The nurse said she passed her urine very well, but she wanted to pass it often. As the tumour was larger than the uterus, even in metritis, I saw that it must be the bladder, passed the catheter, and drew off a chamber-vesselful of urine. She was well immediately, requiring no more mercurials. This is not at all an uncommon case, the source of deception being chiefly from the passage of some urine. Indeed, it is seldom that retention is complete at first; it is only when the bladder is distended beyond all power of contraction that it is so, in which case, also, you will find no intermitting pain, but rather a continuous distress in the abdomen. Here, however, the passing *no* water will attract the nurse's attention, who will probably mention it, and thus you will naturally be led to examine the bladder. It is in the early stages that you may be off your guard, and you may allow all the mischief to be done before the cause is suspected. Let me therefore advise you to inquire very carefully into the state of the bladder after every labour, especially if it have been a severe one.

In the acute forms we find, of course, considerable constitutional irritation, which becomes much less as the disease assumes the chronic stage. In the less acute there is but little pus; the mucus is sometimes ropy, sometimes merely flocculent. There is a frequent desire to pass urine, which is the symptom usually complained of; a sudden desire to micturate, much pain if resisted; and a prolonged forcing afterwards.

It has occurred to me to see two cases of acute cystitis set up by vesical vicarious menstruation. In these the diagnosis was not difficult, because there was in one irregularity, and in the other absence of menses, the bleeding from the bladder occurring at the proper menstrual periods. It was attended with severe suffering, which scarcely had subsided till the next attack; indeed, in one it gradually assumed the chronic phase, requiring local treatment, although the menstrual flow had returned to its natural channel.

Thus I have endeavoured to bring before you the principal features of this complaint, as also the causes. It now remains to allude to the

Treatment.—And I may remark here, severe and distressing as the disease is, it is, in a general way, very amenable to treatment. Perhaps there are few which, taking into account the distressing nature of the symptoms, one can do so much to relieve. But, as I mentioned before, the treatment must be rather local than otherwise.

In the earliest stages of the acute form, the best mode of proceeding is to place the patient at rest in bed; if possible, to give a hip-bath, with warm vaginal injections, followed by leeches to the vagina or lower abdomen if the pains are very severe. An opiate vaginal or rectal suppository of two grains of opium, once or twice a day, will much assist. The urine should be rendered as bland as possible by the administration of alkalies; opium frequently, and in full doses, according to the relief produced. After the earlier symptoms have passed off, and the muco-purulent secretion has commenced, we may begin the washing out of the bladder with hot opiate injections. At first the presence of the catheter gives much pain and distress; but after a few days this may be done without pain, and with much future advantage, for the act of washing out the bladder rids it of the alkaline state of the secretions, the mucus, and the entangled crystals. All these, by their retention, increase the original trouble to a degree you would scarcely imagine till you see the great relief obtained by ablution with an acidulated fluid. I first of all wash out the bladder with warm water, slightly acidulated with a few drops of nitric, hydrochloric, or acetic acid (a tablespoonful of vinegar to a pint of water answers very well) to the ounce. As much as the bladder can bear should be used. This is allowed to flow out again; and, if it can be borne, another similar quantity is injected, and allowed to flow. After this, a grain of morphia, dissolved in one ounce of water, slightly acidulated with hydrochloric or nitric acid, should be thrown in, and allowed to be retained as long as it can be borne; the longer the better. This should be repeated, if possible, twice a day. The fluid should be thrown in very gently: an ordinary gum-elastic catheter will do, fitted to a syringe holding three or four ounces. It is well not to pass the catheter far beyond the neck of the bladder, otherwise, if it touches the sides or back, the distress is great. In such case more force must be used upon the piston of the syringe. Now, although some temporary distress is caused by the operation, it will, as a rule, be found attended with so much benefit that it far outweighs the pain. Some authors have stated that the employment of injections has caused so much pain that it has led them to discontinue them. I can only speak from my own observation, which quite tends to the opposite. It may be that done for the first time it has acted so, but if they are continued this soon wears off, and in its place a marked improvement results. In any case the pain of an injection has scarcely ever been complained of by the patient as anything unbearable; nor in those cases where I have inquired has more pain been felt than ordinarily is endured by them in the disease.

In the early stages I have almost invariably used, as before mentioned, morphia, as least irritating to the mucous coats. In those cases where the urine is ammoniacal, nothing is more marked than the effect of thus washing out the bladder with acidulated warm water twice a day. Supposing it is a few days after labour, the catheter generally draws off the retained portion first; then the warm acidulated water is thrown in and allowed to run away; and lastly, the injection of morphia, which the patient is directed to retain as long as possible. Under this treatment a very considerable alleviation takes place immediately in all cases; and where the disease has been simple cystitis, the patient steadily improves. In those cases which have resulted from the act of parturition I always prefer at once to pass a catheter, to make sure there is no retention. This, of course, is to be done with care, keeping the point towards the anterior wall of the urethra so as not to make any more pressure on the posterior wall than is necessary, in case it might be in a softened condition, and easily broken down. Nor should you pass it further than needful; the moment urine flows, stop, so as not to annoy the tender mucous membrane. The catheter, I may here remark, should have larger openings than usual, so as to give speedy exit to the flow of the ropy mucus. Should it become choked by this it will give much less irritation and pain to thrust a small quantity of warm water by a syringe through the catheter than to withdraw it to clear it out; therefore it is well for you to possess a catheter and syringe fitted to one another. At the same time it is well that the syringe should be capable of throwing a continuous stream, with an easy action, to prevent jarring the bladder. If we find in these cases after delivery that there is a want of complete evacuation of the contents of the bladder it will be advisable, at least twice a day, to draw them off, coupled with the washing out above advocated. If possible, and if the tendency to ammoniacal decomposition be very great, it would be better to repeat this every eight instead of twelve hours. The vagina will generally be in an abraded and semi-sloughy state in these severe cases; it will, therefore, be a great relief to wash it out also at the same time. Both can be accomplished without difficulty, the patient lying on the side. It is also much better to look for the meatus than to pass the finger into the vagina to feel for it, should there be very much tenderness of the parts. I have always found that, though distressing just for the moment, the relief often has been very marked for some hours.

Unless there has been serious pressure on the bladder during labour, you will find, by early and steady attention to these rules, that the disease is not permitted to become confirmed into chronic cystitis, but that in a few days the vesical mucous membrane, which if left to the continuous provocation of highly irritating fluids would have become most distressingly inflamed, will begin to recover its healthy state, so that after this point it may be treated as chronic cystitis.

Should cystitis have arisen from the presence of misplaced uterus, such as retroflexion and anteflexion, with complete or partial retention, the case must first of all be treated by evacuation of the contents of the bladder, and then by the restoration of the uterus. If then the bladder is not shortly relieved, it will be necessary to inject morphia as above indicated. In cases where this disease has arisen from the opening of an abscess &c. into it, although we cannot hope for much until the evacuation be complete, yet the use of morphia injected into the bladder is of great utility; afterwards we must treat the disease as one of ordinary chronic cystitis. But if, as has not unfrequently occurred, a foreign body is entering or has entered the bladder, then in our treatment we must be guided by circumstances. If the body—such as the larger bones of a fœtus—cannot escape from the urethra, we shall find serious symptoms quickly arise. It may be necessary either to open the bladder through the vagina or by an abdominal opening. Dilatation of the urethra, however, may give an opportunity to remove it without an artificial opening.

It is seldom that acute cystitis arises from the irritation of lithic acid in the urine. But a very severe form will always be liable to arise from the ammoniacal decomposition of the urine; as for instance, in cases of spinal mischief, even with-

out paralytic retention. In both these instances the primary cause must be corrected as far as possible. In the former this is not difficult, but in the latter it is very troublesome; and the cleansing of the bladder should be done at least once a day, as above directed, and morphia injected, if not contra-indicated; for although the mucous surface of the bladder does not absorb rapidly, yet it does so to a marked extent.

The irritation of the bladder in cases of complete paralysis is a very distressing accompaniment, and after a time the urethra becomes much inflamed from the dribbling of urine which generally is present, and from the frequent passage of the catheter. In such cases it is best, after washing out the bladder, to leave some acidulous water, so as to counteract the alkaline tendency. The whole of the mucus should be drawn off, as far as practicable, so as to prevent the formation of ammonia. After a little improvement has taken place, these cases may be treated as in the more chronic severe forms.

And this brings us to the consideration of those cases in which the very acute symptoms have subsided, but where yet the disease is very distressing and severe. It is this form which is more likely to appear before you in hospitals. Frequent desire to micturate, the forcing attending it, and turbidly-passed urine, are the most prominent symptoms.

The general treatment must much depend upon the original cause. Opiates form the most reliable remedies: decoction of pariera; with either acids or alkalies, according as it is desired to check the abnormal state of the urine. In some of the milder cases the vegetable astringents, as uva ursi and gallic acid, do good; in others, the tincture of muriate of iron, with tincture of opium.

But most good will be done by the local treatment. I first daily empty and wash out the bladder well with acidulated water, and then leave an ounce of acid morphia solution of one grain to the ounce. If the condition does not much improve by this, I then venture to try an astringent, such as one or two grains of tannic acid to one ounce of water. At first this produces an increased contraction of the bladder, but it subsides after one or two applications. If the urine be putrid, I have found the employment of chlorate of potass, in four to five grains to an ounce of water, highly useful. I was led to its use in the following manner:—In a case of this nature of a very severe character, where life was in jeopardy by it, I ordered a gargle of chlorate of potass for the severely aphthous mouth. By mistake it was injected into the bladder instead of morphia. Immediately the putridity of the urine ceased, and the patient began to improve in general state and in local symptoms. So marked was this, that although she had up to that time been steadily going down, directly the injection was used the change for the better was most marked. In similar cases I have tried it many times, and always with good result. It may, however, give some pain if too strong.

If in some cases there is bleeding combined, I have used tannic acid in two to four grains to the ounce of water; or even tincture of muriate of iron, diluted with water. It might be supposed that much distress would ensue from the use of the latter drug, but with care it can be borne. Of course it is not allowed to remain in the bladder, which is even washed out with water afterwards. In a case of severe hæmaturia, with a large quantity of mucus, and very frequent desire to pass urine, admitted under me at Guy's, I tried gallic acid without success. One part of tincture of muriate of iron diluted with nine parts of water was then injected into the bladder, using a quantity at each time sufficient to well fill the bladder. It was allowed to pass away through the catheter. The bladder was then washed out, and a dose of morphia left behind. This was painful at first, but it appeared not to have been much more so than the ordinary pain. This was continued some time, with a slow but ultimately decided improvement of all the symptoms. At first probably a tablespoonful of blood passed daily, but when I last saw her there was none, though still some mucus. She left the hospital before she was quite cured, and the symptoms somewhat returned. However, upon readmission, she was again treated in the same way, and left quite free from cystitis. I was fearful at first that she had villous disease of the bladder, which is accompanied by much hæmorrhage. It was curious that upon one occasion eight grains of morphia, by mistake, instead of one, were injected after the iron had been used. The effect was very marked, but not enough to give rise to anxiety. How long it remained in the bladder did not appear. However, she was very much improved after this, and it seemed to have been for some reason decidedly beneficial. Nitrate of silver solution—thirty grains to the ounce as a maximum—may also be used in the chronic forms. It is best to wash out with water first, even in those cases which have not much mucus, otherwise the saline ingredients decompose the nitrate of silver, and it loses much of its power. This will, of course, to a certain extent, always be the case. I have used thirty grains without any severe pain, and with much diminution of the distress, after the first pain of the application had subsided. As with the tincture of muriate of iron, it should be used in plenty, and only for a short time, the bladder being washed out after for the first or second time.

By the daily use of these remedies you will, in the simpler forms of cystitis, get rid of the more acute symptoms shortly; but as regards the irritability of the bladder, which often succeeds this, we must continue the use of the morphia for some little time—every day, or as frequently as seems necessary.

(To be concluded.)

THE NATURAL HISTORY & TREATMENT OF LATERAL CURVATURE OF THE SPINE.

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No. II.

IN the previous paper on this subject, I gave in a very few words the results of very many careful observations and experiments extending over several years. Those results show conclusively that all the natural curves of the spine are produced simply and entirely by muscular force acting on the column; and that lateral bending, combined with a commensurate amount of rotation, constantly accompanies many, indeed most, movements of the body. Perhaps some notice should be taken of a theory which, in order probably to justify the application of steel splints, would endeavour to prove the spine all but immobile. The author of a recent voluminous work says, "Horizontal rotation of the vertebræ exists only in the most limited degree, if indeed it can be said to exist at all, in the dorsal and lumbar regions." (Adams on Lateral Curvature, p. 177.) "The flexibility of the spine in a lateral direction is extremely limited." (p. 42.)* "The appearance of great mobility, either in the anterior or posterior direction, is largely contributed to by the free ball-and-socket articulations of the hips and of the head." The author has thus come to the singular conclusion that the spine is all but a stiff column, from certain arguments about the position and direction of the articulating processes. The reasoning, however, is somewhat unsatisfactory, and it may be permitted to doubt its value when we encounter an explanatory diagram in which the axis of rotation is placed behind the tip of the spinous process (p. 111), in which case rotation would indeed be limited. The axis of rotation between any two vertebræ is just behind the posterior edge of the bodies—i. e., in the spinal canal; and the spinal cord is placed close to that part of the vertebral bodies—i. e., in the axis of rotation,—that pressure during such movement may be avoided.

I have, on the other hand, found rotation and lateral flexion to be both considerable and constant; and believe myself in a position to show that the forces, which in health produce these movements, are the same which, under circumstances to be detailed, cause dorsal and lumbar lateral curvature. Moreover, that in the usual form of such curvature the intervertebral cartilages and the bones do not suffer morbid change until the disease has lasted for many years.

Lateral curves affect seventeen vertebræ (wry-neck being excluded); of these, twelve are dorsal, and five lumbar. It very seldom happens that the spine assumes one simple curve from end to end.† There are, on the contrary, at least two in opposite directions; and it is important to observe, that however much the spine may be bent and twisted between rump and neck, the cervical spine is forced by the necessity of balance to remain perpendicularly over the sacrum. Although it occa-

* The indicator of my rotation-measurer—an unerring mechanism—proves that the dorso-lumbar spine rotates on an average 50 degrees each way—i. e., 100 degrees in all. Photographic measurement showed that the spine can with ease bend laterally in an arc whose radial distance is less than its own length.

† Nearly all the examples which I have seen of this condition were manifestly hysterical.

sionally happens that between these two points more than two curves occur, we will at present only consider the usual and ordinary cases—those, namely, in which there is a dorsal curve to the right, and a lower curve to the left; generally termed lumbar, although dorso-lumbar would be the more correct term. Either of these curves may be primary, not in point of time, but of causality. Since, by the law of reaction, a secondary or compensating curve is necessary, it follows that the two must be simultaneous. Thus, although the morbid cause may only produce one curvature, that one instantaneously calls forth another, which although simultaneous in time, is, nevertheless, secondary in the sequence of causes.

A curve is named according to the direction of its convexity: thus a curve to the right means a curvature whose convexity looks in that direction. With all such morbid bends rotation is combined; the vertebræ turn in such direction that the anterior face looks towards the convexity of the curve, and the tips of the spinous processes look towards the concavity. Thus the anterior part of the column deviates much more than the posterior. In future paragraphs I shall make the following distinction:—Normal movement or position of the vertebræ will be called flexion and rotation respectively; morbid movement or posture will be named curve, bend, and curvature, and torsion, twist, turn, or the like terms.

We shall first treat of curvatures primarily dorsal, and in doing so must consider three coincidences: the occurrence of torsion, the predominance of dorsal curvature to the right side, and its preference for the female sex. These three circumstances, more especially the first, have not as yet been satisfactorily accounted for. All unbiased persons, studying English and continental works on the subject, will inevitably come to that conclusion; nevertheless, any theory which leaves one or the other point unexplained must be inadequate, in all probability false, and I would beg the reader to dismiss at once any such theory, my own among them, which does not clearly show the reason for each of the three occurrences above named. Among inadequate theories, we must reckon debility, convulsive or spastic contraction of muscles, paralysis of respiratory function, &c. &c. There is, however, one idea which, being just now very prevalent, must be specially noticed—viz., that over-action of the right arm produces the tendency of curvature to that side by the direct influence of the muscles passing between scapula and spine. Of this notion we must observe that in all such actions those muscles would draw the scapula to the spine, not the spine to the scapula. If, indeed, the arm and hand be fixed on some immovable object, the spine might be influenced by these muscles; but since they are attached to the spinous processes, torsion would take place, not as it really does, but in the contrary direction—viz., to the left. Therefore this theory is quite untenable; whatever influence the arm has upon the curve is by its passive weight.

Fully convinced that the forces which produce normal rotation must be the same as those which under altered conditions give rise to abnormal torsion, I carefully sought what muscles could effect rotation to the extent shown by my index; for it appeared to me that the spinal muscles proper in the dorsal portion of the column are not so placed as to produce this effect. Somewhat unexpectedly, I found that rotation of the vertebræ in all the upper part of the column is effected by the *Serratus Magnus*, which when thin persons are under observation stands out during such action strongly and sharply. Let the reader consider the anatomical relations of this part. Two muscles (rhombodei major and minor) arising from the spine at the root of the neck and top of the back are inserted into the base of the scapula: from this point the serratus spreads out, fan-shaped, to be attached to the ribs from the first to the ninth inclusive. For the particular action in question these muscles may be regarded as one broad fleshy layer, which, arising from the upper part of the spine, sweeps round and embraces the back and sides of the chest; and in this view the intervening base of the scapula is to be considered merely as an intersection, like the semilunar lines in the abdominal rectus. This muscular arrangement acts at great advantage in turning the upper part of the body on the pelvis; its base of attachment to the spine is small, its leverage short, that to the chest very large, and in contracting it draws the ribs of that side backward. Each rib, having attachment to the body and also to the transverse process of vertebræ, becomes thus a lever of the second class, whose power arm is the length from the muscular attachment to its head, whose weight arm is the distance from head to tubercle; it is indeed a crow-bar very powerful to twist each vertebra on its own axis. This function of the rib is attested by the fact that when the serratus ceases to be inserted, the spinal attachment of the rib no longer affords a purchase for such action. In losing the double conjunction to body and transverse process, the lower ribs abrogate the arrangement of fulcrum and weight necessary to lever-like action on the vertebræ, and at the same time the serratus ceases to be attached to the ribs.

Now let us consider the action of the serratus under another point of view. It was said in a former paper that only a very small portion of the weight of the shoulder was supported by the upper fibres of the trapezius, otherwise its action on the head would have to be counteracted by other muscles, which would greatly interfere with the freedom and mobility of the head and neck. Therefore the upper angle of the scapula hangs to the spine by its levator muscle; but the outer angle, the shoulder-joint and the arm, is supported by the serratus, which, drawing the base and lower angle of the shoulder outwards and forwards, keeps the outer angle (acromion and shoulder) upwards and backwards. The weight, therefore, of the shoulders and of the arms falls, through the medium of the serrati, upon the ribs, and this weight tends to keep them back—equally, of course, on both sides of the chest if the arms be of equal weight.

The most important function, however, of the serrati is respiratory; they lift and draw back the ribs on each side of the chest as far as the freedom at the joints permits, thus enlarging the cavity of the thorax. In forced inspiration this action is very marked; but man during quiet breathing hardly uses the muscle at all, his respiration being chiefly abdominal; woman's ordinary quiet breathing is, on the other hand, very much more pectoral, her chest and bosom rising constantly with each inspiration even during sleep. In woman then, more than in man, the ribs are drawn backwards in inspiration—an action which would be equal on both sides of the chest if both lungs admitted the same quantity of air.

The hypothetical sentences at the end of the last two paragraphs are of importance. The arms are not of equal weight, nor are the lungs of the same size. A boy or youth, however, uses free exercise, swings his arms as he walks, and lolls and lounges about in all conceivable positions, thus giving variety to the manner in which the shoulders are supported; and, above all, he breathes chiefly by the diaphragm. The girl or young woman takes less free exercise: in walking she lets the arm hang almost motionless from the shoulder, sits decorously upright, so that the weight of the arms hangs all day long, through the medium of the serratus magnus, on the ribs; and, far more important, her breathing is chiefly pectoral. Now let the ribs be regarded, in the manner above described, as powerful levers, which, under the sway of the serratus, can rotate the spine should the one muscle act more powerfully than its fellow; and consider the girl thus circumstanced, with the right arm heavier than the left, with the right lung more capacious than the left, and it will be seen that the serratus of the right side, being more weighted and in stronger respiratory action than its opponent, must of necessity rotate the vertebræ to the left side. This explanation will at once account for the rotation of vertebræ, and its prevalent direction. Moreover, a crucial proof, if I may use such a term, is found in the fact that European women, who by tight clothing round the waist and abdomen increase their tendency to pectoral respiration, are the frequent subjects of lateral curvature; while among Hindoos, Arabs, and others who use a loose form of dress, such deformity is all but unknown.

Again, when part of one lung becomes from some local disease unfit for its function, the ribs covering that portion cease to move, and are uninfluenced by that particular serration of the muscle. Therefore the corresponding ribs of the sound side bulge backward, and the cognate vertebræ become crooked. This is not produced by contraction of the lung on the diseased side (there is frequently rather swelling than decrease in bulk), but from inaction of the serratus over the affected spot; the opposite parts of the muscle therefore on the sound side must twist the vertebra, since their action is unbalanced on the morbid side of the chest. So accurate is this correspondence that we may fix upon the part of lung most affected, by noting the ribs which protrude on the sound side, and the locality of the spinal deviation. In curvature from consumption, we find nearly always a high short dorsal curve, as in a patient recently sent to me by Dr. Cotton; in pneumonia the curve is low and long, as I have had more than once occasion to remark in cases at the Charing-cross Hospital.*

* By no other method can we account for the fact that in pleurisy, when the size of the contents on one side of the chest is increased and afterwards, when, the lung being bound down by adhesions, their size is diminished, we still have curvature in the same direction—i.e., from the diseased side; the ribs on that side ceasing to move on respiration.

It will, of course, be remarked that in this explanation I entirely change the sequence of causality. It is usually stated that the spine first curves laterally, then rotates, and in this latter movement, by dragging with it the ribs, deforms the chest. I affirm that the ribs are primarily drawn backwards, and, acting as levers, twist the vertebræ, which in consequence deviate from the right line; according to a simple mechanical law, and yielding to the new direction in which the erectors of the spine now act; for in this rotated condition straightening the spine curves it naturally to the right, and in lateral curvature much of the sideways distortion is in reality extension.

In this etiology the different weight of the two arms is not nearly of so much importance as the peculiarities of the respiratory function; yet even in the male subject the spine is twisted slightly to the right so frequently that such condition is by some regarded as normal. A man, after the amputation of one arm, acquires by the action of unequal weight a certain amount of lateral twist, rarely sufficient to constitute a noticeable deformity. When, however, a girl carries a weight constantly on one arm its power in contorting the spine becomes considerable, and we occasionally find nursegirls become very crooked from such cause. In these cases the lumbar muscles on the other (the left) side of the spine are found very much developed in consequence of increased action counterbalancing the burden carried.* In such cases the compensatory lumbar curve is established simply for the sake of balance; not so the secondary curve in cases arising from respiratory causes. The two forms are distinct, not only in causation but in form, and in the action of subtending muscles. How and why these differences arise must be the subject of another paper.

If the two causes (one-sided pectoral breathing and the influence of weight) be combined, as is frequently the case, their distorting power is very great; but the former is undoubtedly the more influential, and is continuous both night and day. European women, as above stated, increase this peculiarity of thoracic breathing by wearing tight petticoat strings, corsets, and belts round the waist; also many plump girls, in desire to restrain any unsightly, however blameless, enlargement of the abdomen, frequently compress that part with belts or corsets, and thus by almost entirely checking the respiratory movements of the abdomen place themselves in a position of dangerous facility for acquiring dorsal curvature.

This leads me, even at the risk of apparent repetition, to reconsider the grave cause of objection to the "spinal support" to which I referred in my last paper.

We have seen that there is great difficulty, or rather impossibility, in fixing around the pelvis a steel hoop so immovably that a lever springing therefrom can make effective pressure on a protuberant portion of the spine or ribs. In order, however, to render the pelvic hoop of a spinal support as little movable as possible, straps and bandages fastened upon the instrument encircle and are tightly laced upon and around the abdomen. We have also just seen that excessively thoracic breathing of women (since the right lung is larger than the left) is the real and efficient cause of spinal deformity. Such exaggeration of woman's natural character of respiration is produced chiefly or entirely by tight swathing of the abdomen; for where this form of dress is not used, as in hot climates, lateral curvature is a very rare deformity. It is hardly necessary that I should ask the reader to compare the cause of lateral curvature with its prevalent treatment by an instrument which in every possible way adds largely to the very root and origin of the malady, by preventing abdominal movement in breathing. Nor need attention be called to the singular fact that tight rigid stays have always, with justice, been regarded as productive of lateral curvature; yet as soon as a girl shows any inclination to that deformity, she, under such treatment, is fixed in stays, more tight, more heavy, and more onerous than the most tyrannous devotee of a barbarous fashion could invent. Yet we must in justice state that in a certain small number of cases these instruments have produced benefit—namely, in such as are caused, not by the more usual respiratory conditions above mentioned, but in that far smaller number produced by distribution of weight always to one side of the body. In such cases the good is effected by the crutch-handle, which relieves the serratus magnus of the weight of the right shoulder. This may, however, be effected in the cases where it is desirable by means far simpler, and which do not produce such restraint and so many evils.

* This condition must be distinguished from mere bulging of the parts through backward projection of the transverse processes, as will be shortly explained.

THE

PRESENT STATE OF SURGERY IN PARIS.

BY SAMPSON GAMGEE, ESQ.,

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(*Continued from p. 393.*)

CARBOLIC ACID is reported in a preceding article of this series to have been employed during the last six years by M. Maisonneuve in the form of an *antipatrescent* lotion, and I quoted from the MS. Memoir which the renowned surgeon of the Hôtel Dieu addressed to the French Academy. The question of priority having been raised, it is not immaterial to state that M. Maisonneuve's paper (Des Intoxications Chirurgicales) was before the Academicians on December 10th, 1866. The author believes that to counteract the cause of the great majority of surgical deaths, it is essential to check the formation of pus, and to prevent its decomposition; and, amongst other methods for obtaining those ends, he points to astringent and antiseptic dressings, and to pneumatic occlusion. This brief recapitulation has been made for two reasons—1stly, in consequence of the great interest attaching just now to the antiseptic principle in the management of wounds, by carbolic acid especially; 2ndly, in response to Professor Lister's appeal in the last LANCET to "the correspondent who has been investigating the surgery of Paris." It may be well to bear in mind that the doctrines and designations of *purulent* and *putrid infection* come to us from French pathologists, notably from Bouillaud and Ribès, Breschet and Cruveilhier, Dance and Maréchal, Castelnau and Ducrest, Teissier and Sédillot, although the impulse was primarily given to their labours by the original researches of John Hunter, followed up as they were by Abernethy and Travers, and elaborately worked out in the "Pathological Inquiry into the Secondary Effects of Inflammation of the Veins," by Mr. James Moncrieff Arnott.* So firmly convinced have French surgeons been for many years that the chief cause of surgical mortality in hospitals is infection of the system through wounds, that they have worked without ceasing to discover counteracting methods of dressing. Hence Bonnet's advocacy of the hot iron to suppurating wounds, and Sédillot's summing-up in favour of the application to suppurating surfaces of aromatic wine and decoction of bark, with or without the addition of sulphuric acid, sulphate of copper, or corrosive sublimate.† In 1853 Professor Gerdy‡ insisted that the treatment of suppuration required, amongst other means, "les détersifs et les désinfectants;" and Regnoli e Ranzi§ told us, upwards of twenty years ago, that for the treatment of the purulent infection "some surgeons have endeavoured to act upon the toxic principle which they believed to have been introduced in the economy. Bonnet aimed at neutralising in the blood the excess of ammonia with acid drinks, or to decompose and neutralise the sulphuretted hydrogen with the chlorides or with salts of lead." Philippe Boyer likewise advised the chlorides to counteract the putridity of the pus circulating with the blood. Researches pursued with the same object led to Chassaignac's invention of the écraseur, and to his *pansement par occlusion*;‖ to Demarquay's elaborate experiments with glycerine; and to Maisonneuve's persevering, though even in his hands not original, experiments with carbolic acid; the practice of dressing amputations, after the suggestion of Jules Guérin, by *pneumatic occlusion*, being the last step in the long series of experiments, in which the ruling idea has been to check the formation of pus and its decomposition.

I have no reason to doubt that Professor Lister was the first "to introduce carbolic acid of full strength into all the recesses of the wound in a compound fracture," and his reason for doing so was equally original—to destroy the minute organisms which, with Pasteur, he believes to be the essential feature of

* Medico-Chirurgical Transactions, vol. xv., pp. 1—131. London, 1829.

† De l'Infection Purulente ou Pyohémie, p. 503. Par le Dr. Sédillot. Paris, 1849.

‡ Chirurgie Pratique Complète. Paris, 1853, vol. ii., p. 148.

§ Lezioni di Medicina Operatoria e di Patologia Chirurgica. Firenze, 1846, vol. i., p. 408.

‖ Many years previously the *pansement par occlusion* had been treated of, though less thoroughly and methodically, by Vidal de Cassis, "Traité de Pathologie Externe et de Médecine Opératoire," Paris, 1851, 5 vols., 8vo.

a septic atmosphere. The existence of these organisms is still very debatable, and I apprehend that the pure carbolic acid acts, in preventing pyæmia, in virtue of its caustic properties; not very unlike the application of hydrochloric acid and honey, lauded by Burggraeve* as a topical preventive of purulent absorption and hospital gangrene. Employed in the dilute form in the putty, for which the distinguished Glasgow professor has given the recipe, the acid probably exerts its beneficial influence by a twofold agency—1stly, by excluding the air, and 2ndly, as an antiseptic. There can be no doubt that most compound fractures can be conducted to a successful issue if they be immediately reduced; if the edges of the wound be nicely adapted and the air excluded, and proper means taken to ensure the perfect coaptation of the fragments by immobilising the joints above and below the lesion, and availing of the antiphlogistic action of gentle, and uniform circular compression. The carbolic-acid putty of Professor Lister ensures closure and rest of the wound, as I do not doubt that he employs efficient means for securing the undisturbed adaptation of the broken bony surfaces. This principle of treating fractures has long been a favourite one with French surgeons, since the days of Belloste,† but to Baron Larrey the elder belongs the merit of establishing on a firm foundation the practice of reducing compound fractures to the condition of simple ones, and treating both alike, closing the wounds in the former, and constructing a retentive and antiseptic case, which was not removed until consolidation was perfect. The apparatus was constructed with compresses, bandages, and straw cushions, soaked in a mixture of camphorated spirit, acetate of lead, and white of egg beat up with water. To show what faith Napoleon's great surgeon had in this principle of treatment, I may cite the case of the veteran Delage,‡ whose arm was crushed at the battle of Moscowa. Larrey only consented to amputate at the shoulder-joint on obtaining the old soldier's promise that he would not disturb the dressing. Disarticulation effected, the wound was held together with the compound fracture casing just described; and Delage, obedient to orders, merely sponged the outside of the apparatus from time to time, and kept it covered with a good sheep-skin to exclude the air. With the retreating French eagles Delage found his way back to Provence; and not till then did he remove the apparatus which Larrey had applied on the Russian battle-field. The vast wound was perfectly cicatrised. Treading closely in Larrey's steps, Seutin perfected the immovable apparatus, and strenuously advocated the treating of compound fractures by closure of the wound, exclusion of the air, and subsequent non-interference; and surgical literature abounds in records to prove that the same principles have been carried out with a variety of disinfecting and solidifying materials—to wit, benzoin, chalk, clay, Burgundy pitch, and tar.§

The large number of disinfectants which have been brought into notice of late years unquestionably merit a more accurate experimental trial at the hands of surgeons than they have yet received; but there is no doubt that of all other plans for preventing decomposition and securing the healing of wounds, none is so effectual as the approximation of cut surfaces and the exclusion of air, reducing, so far as practicable, the wounds inflicted in the general practice of surgery to the conditions of subcutaneous wounds.

The enthusiastic and enlightened devotion of Jules Guérin to the principle of treatment just enunciated has recently resulted in the adoption of a practice in M. Maisonneuve's clinique, to which I have already alluded (THE LANCET, Sept. 28th, p. 393). The theory of the proceeding appeared so conformable to sound principles, and the result in the two cases in which I had witnessed it in the Hôtel Dieu was so satisfactory, that I determined to put the matter to the test of experience. I amputated the left thigh of a woman aged forty-four in the Queen's Hospital on the 2nd inst. She is a weakly subject, especially hysterical, and had been confined to bed the greater part of two years with disease of the knee-joint, for the relief of which all means had been exhausted. I had the assistance of my colleague, Mr. J. St. S. Wilders, and our resident surgeon, Dr. Jolly, in removing the limb, which I did just above the condyles with a large anterior flap, according to the method of Mr. Carden. The vessels tied, and the flap dropped into place, the edges were accurately approximated by strips of adhesive plaster, but I employed no suture; the ligatures were brought out at each angle and secured under strips of plaster. Without any loss of time, a closely fitting vulcanized india-rubber hood was slipped over the stump nearly to the groin, and connected with the closed glass jar, which I exhausted at once with the air-pump. The rubber hood having immediately and most accurately adapted itself to the surface of the stump, a stop-cock on the tube between the jar and the patient was shut off, and the patient was removed to the ward. The operation was performed at half-past ten on the 2nd inst. The first day was passed with decidedly more than average freedom from pain; to use Dr. Jolly's words, she expressed herself throughout the day as feeling comfortable. Our house-pupil, Mr. George England, has kindly transcribed for me the bedside notes of temperature, pulse, respiration, and state of tongue to this time (eleven A.M., Oct. 7th), exactly five days after the operation.

Oct. 2nd.—Operation.

3rd.—Morning: Temperature, 100°; pulse, 108; respiration, 30; tongue moist. Evening: Temperature, 101¼°; pulse, 120; respiration, 34; tongue moist.

4th.—Morning: Temperature, 100°; pulse, 104; respiration, 32; tongue moist. Evening: Temperature, 100⅘°; pulse, 120; respiration, 20; tongue furred but moist.

5th.—Morning: Temperature, 99°; pulse, 106; respiration, 28; tongue furred and moist. Evening: Temperature, 99⅘°; pulse, 112; respiration, 24; tongue moist and clean.

6th.—Morning: Temperature, 100½°; pulse, 112; respiration, 24; tongue moist and clean. Evening: Temperature, 101°; pulse 112; respiration, 26; tongue moist and clean.

7th.—Morning: Temperature, 99⅘°; pulse 104; respiration, 24; tongue moist but furred.

The bowels have acted, and the skin has been nicely moist throughout. The air-pump has been worked on an average every six hours, and each time a small quantity of treacly-looking fluid has passed into the jar, which was emptied at twelve o'clock yesterday. It contained twenty-one ounces of porter-looking fluid, without any clot. The quantity of fluid drawn off decreases steadily, the stump is gradually decreasing in size, and I purpose not looking at it for some days. Meanwhile the patient has enjoyed some roast chicken and bitter beer, and says she is a great deal better.

Deferring to next week the further history of the case, and the reflections to which its close observation has given rise, some difficulty is confessedly experienced in checking expression of the hopes suggested by this method of treating amputations; but, under the circumstances, judgment, and not enthusiasm, must have the reins.

(To be continued.)

* Le Génie de la Chirurgie. Gand, 1853, p. 421.

† Le Chirurgien d'Hôpital. Paris, 1710, Third Edition, chap. x., p. 340.

‡ Larrey: Rélation Médical de Campagnes et Voyages de 1815 à 1840, p. 208. Paris, 1841.

§ Bégin in Plaies d'Armes à Feu: Communications faites à l'Académie. 8vo. Paris, 1849. pp. 193-95.

Sir George Ballingall: Outlines of Military Surgery. Fourth Edition. Edinburgh, 1852. p. 358.

Gamgee: On the Advantages of the Starched Apparatus. (Liston Prize Thesis.) London, 1853. And on the relative merits of the different methods of treating fractures of the limbs in Gamgee's "Researches in Pathological Anatomy and Clinical Surgery." London, 1856, p. 134 et seq.

Adams: A Sketch of the Principles and Practice of Subcutaneous Surgery. London, 1857. p. 15 *et seq.*

A Mirror
OF THE PRACTICE OF
MEDICINE AND SURGERY
IN THE
HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

GUY'S HOSPITAL.

LARGE ANEURISM OF THE POPLITEAL ARTERY, CURED BY MANUAL PRESSURE IN TWENTY-FOUR HOURS.

(Under the care of Mr. THOMAS BRYANT.)

As a preface to the following interesting case of aneurism cured by digital pressure, Mr. Bryant's clinical remarks will be acceptable.

He stated that we must recognise the fact that aneurisms are to be cured by pressure; that they may be cured by pres-

sure even when such is applied irregularly and with intermittent energy, although only after lengthened treatment; but that they are to be speedily cured only when the pressure is uninterrupted and complete. The great difficulty in the treatment of aneurisms by digital pressure is found in the application of the practice, and not in the principle upon which it is based. He believed the case we are about to relate to be a good one, as pointing out the road by which success is to be secured; for it satisfactorily illustrates the truth of the remark that pressure upon an artery, to be successful for the speedy cure of an aneurism, must be complete and regularly maintained. Mr. Bryant believed it to be impossible for the average of men to keep up steady digital pressure upon an artery for a longer period than ten minutes; and that any arrangement which made a greater demand on a student's powers must be found to fail. Three good men watching a case together can keep up perfect pressure upon an artery for three or four hours, when each presses for ten minutes only at a time, without weariness to themselves, without causing needless suffering to a patient, and with a good prospect of success in the cure of the disease; and thus with nine men, three taking charge for four hours out of every twelve, the treatment of aneurism by digital pressure can be efficiently and satisfactorily undertaken. Mr. Bryant made these remarks from the belief that pressure had frequently failed in the treatment of aneurism on account of the manner in which it had been applied, and with the conviction that, when efficiently carried out, the majority of aneurisms would be cured by such measures.

We are indebted to Mr. C. E. Waig, dresser, and Mr. J. H. Ewart, ward clerk, for notes of the case.

C. B——, aged thirty-two, a policeman, was admitted on May 25th, 1867. The patient, who was formerly a soldier, gives the following history:—He has always enjoyed very good health. In January last he got wet one night whilst out on duty, and had what he calls rheumatic pains in his left knee-joint. He had his knee painted with iodine, and the pain went away in a couple of days. With the exception of this he has never had anything the matter with his knee before. About the 15th of March, 1867, he was taking a prisoner to the police-station, and on the road he was tripped up three times. He fell on his hands and knees, but did not hurt himself, and only felt a little shaken. Next morning he felt slight pain in his left popliteal space. This pain continued off and on till the 15th of May, but not enough to interfere in the performance of his duty; but on that day he had such a severe sharp shooting pain in his knee that he went to the surgeon of the force. He was ordered some pills, a linseed-meal poultice, and to rest his leg. On the second morning after seeing the surgeon, the patient noticed for the first time a swelling in his left popliteal space; he pointed this out to the surgeon, who ordered rest and sent him at once to the hospital, on May 25th, of the present year.

State on admission.—He is a strong muscular man, well nourished and healthy-looking; appetite good, but does not sleep well of a night. His left popliteal space is occupied by a tumour the size of one's fist, which pulsates strongly; the pulsation can be entirely arrested by pressure on the femoral artery, and the aneurismal cyst nearly emptied. He has no pain when the leg is at rest, but suffers pain on exertion. Right popliteal space quite healthy.

May 29th.—He complains of pain in his left popliteal space; the pulsation of tumour is increased.

30th.—At nine A.M. (Thursday) digital pressure on the femoral artery was commenced by relays of students, each one taking an hour at a time.—Three P.M.: Sac somewhat hardened.

31st.—Digital pressure has been irregularly kept up all night; the pulsation is less violent.—At half-past three P.M., pressure by means of a weight was substituted for digital pressure. This was continued until seven A.M. on Saturday morning, June 1st, when, on account of the pain being so severe in his left knee and leg, it was found necessary to stop the pressure. The sac at this time was somewhat hardened; the pulsation also was much diminished in force; the left leg was a good deal swollen. Digital pressure was tried, but he could not bear it on account of the pain. Pressure had been irregularly kept up for seventy hours. The patient is restless, and a good deal exhausted, only having had three hours' sleep since Thursday morning.

June 1st.—Mr. Bryant saw the patient this morning at half-past nine, when he was in a good deal of pain, and ordered him a subcutaneous injection of morphia. Tincture of hyoscyamus, one drachm; liquor of acetate of ammonia, two drachms: in water three times a day.

2nd.—In the evening he complained of great pain in his knee and leg. The house surgeon injected subcutaneously twenty minims of morphia, which eased the pain, and he then had some sleep.

5th.—The patient sleeps better of a night, and is quite calm again.

15th.—To-day Mr. Bryant bandaged his leg from foot to thigh, and flexed the leg on the thigh, which had the effect of entirely arresting the pulsation in the sac; but the pain was so great that the bandage had to be removed in five minutes.

19th.—On Wednesday morning, at nine A.M., digital pressure was again had recourse to; but this time three men were on duty at the same time for two hours, each man pressing on the femoral artery for ten minutes, Mr. Bryant wishing the entire flow of blood into the sac to be arrested. At this time the tumour was hard, and pulsating very strongly.—Half-past ten P.M.: The pain in the knee and leg was so severe the patient could hardly bear it. The house-surgeon injected subcutaneously thirty-five minims of solution of morphia. This relieved the pain, and at eleven P.M. the pulsation in the tumour ceased for the first time. However, it began again about twelve, and continued to cease and to pulsate alternately till nine A.M. on Thursday morning, when the pressure was stopped, and the tumour ceased to beat. As far as it was possible, uninterrupted pressure had been kept up twenty-four hours. About one o'clock in the morning a small cutaneous artery could be felt beating over the centre of the tumour, and one also on the outer side of the sac.

21st.—This morning he is very comfortable; has no pain; and there is no pulsation in the tumour.—Evening: Complains of his right leg being numb and cold. Ordered a hot-water bottle.

22nd.—Complains of headache; bowels not open. Ordered rhubarb powder, half a drachm, at bedtime.

23rd.—Powder acted freely. Patient feels very comfortable. No pulsation in the sac.

25th.—Going on nicely.

July 1st.—Complains of the toes on the left foot being rather cold.

5th.—Toes of left foot feel very cold, especially the big toe.

11th.—Mr. Bryant allowed him to sit up in a chair this evening; he also walked with the aid of crutches.

15th.—He gets up every evening, but is not allowed to walk.

20th.—Allowed to walk for the first time.

22nd.—He is in the grounds to-day, and can walk pretty well with the aid of his stick.

24th.—Can walk very well now. Does not complain of any cold feeling in his feet, except in the big toe of left foot.

27th.—Can walk quite naturally now, and bend the leg as much as ever he could. Has no pain. Occasionally the big toe on the left foot gets numb for a short time, but soon recovers itself if he walks about. Discharged to-day.

Up to the 25th of last month this patient had remained perfectly well.

WESTMINSTER HOSPITAL.

SPHYGMOGRAPHIC CHARACTERS OF THE PULSE IN VERY MILD UNCOMPLICATED PLEURO-PNEUMONIA.

(Under the care of Dr. ANSTIE.)

IN a lecture recently delivered before the Army Medical School at the Victoria Hospital, Netley, on the use of the sphygmograph in estimating the severity of acute disease and the patient's chances of life, Dr. Anstie related the following case. As it happens to be one which we saw repeatedly during its course, and as it presents features of considerable interest in connexion with the new views as to the prognostic value of the sphygmograph, we shall give a few brief notes of it.

Alice F——, aged seventeen, applied for relief in the out-patient room of Westminster Hospital, Oct. 29th, 1866. She was a well-grown girl, not unhealthy in appearance, except for the almost unnatural fairness and clearness of her skin. Irides blue; hair chesnut brown; a faint flush in the centre of each cheek. She had been employed for the last two or three months as chambermaid at a large hotel, where the work had proved very severe and trying for her; she had not been used to anything of the kind, her parents having been formerly well off, but now unexpectedly reduced in circumstances. She

complained of some shortness of breath, but chiefly of a sense of weight in the chest, especially on the left side; there was also occasionally a stitch of pain. No cough nor expectoration. She had never had any serious illness in her life, but had noticed herself to be ailing, with loss of strength and appetite, for about four days; had managed, however, to do her work up to the morning of her first visit.

Present condition.—She appears thoroughly well nourished; there is not the slightest trace of emaciation. Pulse 88; respiration 18. On examining the chest, not the least indication is found that anything is amiss, unless it may be that inspiration is somewhat louder on the left side, below the clavicle, than in the corresponding situation on the other side. The girl undoubtedly has a look of illness about her, however; and, in the absence of more distinct symptoms, one fears the possibility of tubercular mischief. But there is no history of consumption in the family on either side; nor has the patient had any even obscurely threatening symptoms.

One week later the girl presented herself again at the hospital. There was a rather more decided look of illness in her face, and she could hardly stand. There was no cough, and no expectoration. Respiration was but slightly quickened; but the pulse had run up to 120. On examining the chest, it was noticed, with surprise, that there was a friction-sound over the middle of the second left intercostal space, and an almost wooden dulness on percussion from the clavicle nearly down to the nipples; posteriorly the dulness was not quite so strongly marked. Tubular breathing could be distinctly heard in front; less plainly behind, where it was mixed with fine crepitation. The girl was at once taken into the hospital, where her subsequent history may be told in a few words. Although the pulse ran up as high as 170 on the twelfth day, and throughout the illness continued inordinately high, the respiration never rose higher than 22, nor the temperature to more than 103¼° Fahr. There never was any cough or expectoration; and the muscular strength remained far greater than is usually the case in even mild pneumonia. Yet for at least fourteen days the air-cells of more than half of one lung were impermeable to air. The consolidation quietly and steadily disappeared; and in about six weeks from the date of her first visit the girl was discharged from the hospital practically well. Throughout the illness a most careful system of generous and frequent feeding was adopted, with very little medication. The quantity of stimulant allowed was very small.

The tracings of the pulse-curve, taken respectively on the tenth, twelfth, and fourteenth days from her first visit, and on the twenty-eighth day, when resolution was far advanced, are highly instructive. Rapid as the pulse is, it will be seen that even on the worst day (Fig. 2) its characters are not of a grave, but only of medium, type of badness. The type is only that of "*full* dicrotism," even when the frequency was 170: it never reached the "*hyper*-dicrotic" form (in which the aortic notch dips below the level of the curve basis), nor did it ever become irregular or undulatory. The tracings here given are only specimens from among many taken; but they represent all the important phases of Alice F——'s pulse during her illness.

FIG. 1.

Tenth day. Pulse 150. Temperature 100°.

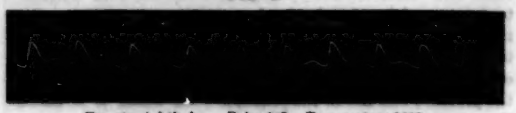
FIG. 2.

Twelfth day. Respiration 22. Pulse 170. Temperature 103¼°.

FIG. 3.

Fourteenth day. Pulse 132. Temperature 103°.

FIG. 4.



Twenty-eighth day. Pulse 125. Temperature 100°.

This case, taken together with the sphygmographic tracings, affords a remarkably good picture of simple, uncomplicated inflammation of a portion of the lung and a smaller portion of the pleura. There can be no doubt that a medical man who might be tempted, from the rapidity of the pulse, together with the considerable amount of local mischief, to interfere actively (in one direction or the other) with such a case as this, might derive from the sphygmographic traces an important aid to that firm and hopeful view of nature's work which would enable him to restrain himself from meddling unnecessarily.

ROYAL FREE HOSPITAL.

CASE OF STRANGULATED INGUINAL HERNIA; OPERATION; RAPID RECOVERY.

(Under the care of Mr. GANT.)

IN the following instance the wound healed with unusual rapidity, especially as the sac of the hernia was opened. For notes of it we are indebted to Mr. C. S. Jeaffreson, senior resident surgeon to the hospital.

Thomas B——, aged twenty, a healthy labourer, has been ruptured since birth, but during the last ten years only has worn a truss. He states that on the afternoon of the 9th of September he had some slight pain in the abdomen, but this caused him no anxiety, and it was not till late at night, when going to bed, that he observed that his hernia was down. He attempted himself to reduce it, but failing in this he left it till the next morning, when he applied to a medical man, who was equally unsuccessful, and advised him to apply to the hospital.

When admitted, at eight P.M. on the evening of the 10th, he complained of severe pains both in the hernia and the abdomen. Has a small wiry pulse of 100, a furred tongue, and tolerably frequent vomiting.

The hernia is of moderate size, and extremely tense at its neck, though not in any other part. This gives it a peculiar appearance, as if it were doubled up towards the abdomen. This peculiarity is very striking at the first glance.

The taxis having failed, the patient was put under chloroform, an incision was made in the direction of the long axis of the tumour over the neck of the hernia, and a careful dissection made down to the sac. When this was opened a small quantity of fluid escaped, and its contents were found to consist of a large knuckle of intestine, together with a small piece of omentum. The former was much congested, but the latter was in good condition, and after the division of a few constricting fibres at the external ring they were both returned without difficulty into the abdomen. The wound was then carefully cleared of blood and brought together by several silk sutures, a pad and bandage being placed over all.

On the morning of the 13th the dressings were removed for the first time. The wound was found to have united by the first intention. There was neither pain, swelling, nor tenderness of the abdomen, and the patient expressed himself as feeling perfectly well. He slept almost without interruption since the operation, without the aid of opium or any other drug.

On the 14th a simple warm water enema was administered, as the bowels had remained constipated, and on the 16th a small dose of castor oil was necessary. Since then the bowels have recovered their tone, and act efficiently and regularly.

MIDDLESEX HOSPITAL.

USE OF THE SPRAY-PRODUCER IN SYPHILITIC ULCERATION OF THE THROAT.

(Under the care of Dr. MURCHISON.)

WE noticed a few days since an ingenious application of Richardson's now common spray-producer. By means of this little instrument a fine spray of sulphurous acid was showered over the tonsils and palate of a man who was suffering much distress from syphilitic ulceration of the throat. The improve-

ment which took place was very rapid. The smell and bad taste which had been a great source of annoyance ceased immediately, and the unhealthy aspect of the sores gave place quickly to signs of healing. The man expressed himself very strongly as to the marked relief which the sulphurous acid, thus administered, had given him, and on looking into his mouth, some days after the application, we found the throat all but healed. The spray, he told us in reply to a question, produced no smarting.

The patient is a terrible example of constitutional syphilis. Three years ago, having previously always been a strong and perfectly healthy man, he contracted a chancre. He placed himself under the treatment of a medical man, who gave him a great many pills, which had the effect of salivating him so profusely that he lost several teeth. Whilst still salivated, he says that eruptions came out about his arms and legs, and his throat began to get sore, and has been ulcerated at intervals ever since. Eight months ago certain of his bones began to enlarge, and now he presents, amongst other signs, great swelling of both insteps, and especially of that of the right foot, where also there is a large ulcer. His aspect is very cachectic. He says that his father and mother suffered very much from rheumatism.

A CASE OF FEMORAL ANEURISM SUCCESSFULLY TREATED BY COMPRESSION OF THE AORTA.

(Under the care of Mr. LAWSON.)

At this hospital last week we saw Mr. Lawson compress the abdominal aorta for twenty minutes in a case of femoral aneurism, with the result that about four hours afterwards pulsation had ceased in the tumour. The patient, a man, had been for some time previously using a Carte's compressor, under which the aneurismal swelling had diminished in size, and become much solidified. These circumstances induced Mr. Lawson to compress the aorta, and arrest all flow of blood for a time through the tumour, as they were decidedly favourable for the success of the treatment. We shall shortly publish the case in detail.

Medical Societies.

PATHOLOGICAL SOCIETY OF LONDON.

THE first meeting of this Society was held on Tuesday evening. Mr. Simon, F.R.S., on taking the chair, welcomed the members on their reassembling in the room where so many interesting and pleasant evenings had been spent. He stated that the volume of Transactions would be issued in the course of a few days, and although it would not be so large as usual, yet it would not fall short in the value of the contributions; and that the increasing popularity of the Society was attested by the number of new candidates who would be proposed for election.

Mr. T. BRYANT exhibited the first specimen, a Bony Tumour of the Femur, or Osteo-chondroma, removed from a woman aged thirty-four, and which had apparently taken its origin from a blow, inflicted about three years and a half since. This was followed by pain and swelling about the inner condyle, and subsequent increase in the size of the limb. The tumour weighed nine pounds. Dr. Moxon, who examined it, believed that it arose from the deep part of the periosteum.

Mr. BRUCE handed, for the inspection of the members, the perforated chest-wall and lung of the murdered bandsman, M'Donnell.

Mr. SPENCER WATSON explained the history and pathology of a case of Blood Cyst of the Thyroid Gland, in a living subject aged sixty-one, which had been growing for twelve years, had been tapped and injected, and is now in process of cure, although at one time it reached from below the lower jaw to the clavicle.

Mr. CURLING, Mr. SIMON, and Mr. BRYANT related cases in which tapping and injection had been generally successful; and agreed that the presence of blood was to be regarded as an accidental phenomenon superadded to the cystic growth.

Mr. T. SMITH brought for exhibition a boy in whom a large portion of the ribs on the left side of the front of the chest were deficient.

Dr. DUFFIN and Dr. KELLY showed the bowels of a man in whom the operation of colotomy had been performed successfully, but who died on the eighth day from peritonitis.

Dr. GREENHOW exhibited a case of Addison's disease.

Dr. MURCHISON showed a second case of Addison's disease, in which there was no bronzing of the skin, and in which convulsions occurred suddenly just before death.

Dr. BRISTOWE presented specimens of softened clots of the heart, and a warty growth on one of the chordæ vocalis.

Dr. WILKS exhibited a sample of Chylous Fluid removed from an abdominal tumour in a man under the care of Dr. Ormerod, of Brighton. The patient had been tapped four times, and two gallons of this fluid had been removed on each occasion. Its specific gravity was 1·016; it contained small granules, but no sugar, no fat-globules, and no caseine. Dr. Wilks referred to several recorded cases of a similar kind, and said there was no doubt that in all cases there was obstruction and dilatation of the lymphatics. He referred especially to one case exhibited some time since before one of the societies, in which the lymphatics of the thigh were visible and prominent, and whence milk-like fluid flowed; in fact, the patient, a man, the last time he (Dr. Wilks) heard of him, was seeking to try his hand at "wet-nursing."

Dr. SEMPLE gave an elaborate description of a liver twelve pounds in weight, which was fatty.

Dr. WILSON FOX introduced an example of Embolism of the Middle Cerebral Artery in which "canalisation" had been accomplished, one part of the artery, however, being occluded. The interest of the case consisted in the temporary recovery of the man by the partial re-establishment of the circulation. Dr. Murchison, who had seen the patient, stated that he was suddenly seized with acute pain in the right side of the head, followed quickly by paralysis of the left side. The man had had acute rheumatism.

The last specimen shown consisted of several Six-legged Acari, which Dr. Hilton Fagge had obtained from the crust of an eczema complicated by scabies, by boiling the crust in a weak soda solution.

Mr. SIMON mentioned, before the meeting separated, that Dr. Ronstan, of Cannes, had presented to the Society his work on the Inoculability of Tubercle; but, as they had no library, he proposed to present it to the Medico-Chirurgical Society.

Reviews and Notices of Books.

Illustrations of Dissections, in a Series of Original Coloured Plates, the Size of Life, representing the Dissection of the Human Body. With Descriptive Letter-press, in demy octavo. By GEORGE VINER ELLIS, Professor of Anatomy in University College, London; and G. H. FORD, Esq. The Drawings are from Nature and on Stone by Mr. Ford, from Dissections by Professor Ellis. London: James Walton. 1867. 58 plates. pp. 486.

WE must congratulate Prof. Ellis on having accomplished his arduous labours in connexion with the present work before the duties of another winter session commence. The work has been repeatedly noticed in THE LANCET on the appearance of the several parts, and now, at the conclusion, we have only to repeat the expression of high opinion as to its merits which we have formed during its progress. Apart from the intrinsic merits of the plates and letter-press, the authors deserve no little credit for the punctuality with which the parts have appeared in alternate months, the twenty-ninth part having been published on Sept. 2nd.

Mr. Ellis informs us in the preface that the plates exemplify the method of dissecting practised in University College, London, and are designed to serve both as patterns for the student to copy in his dissections, and as aids to him in after-study, and for this purpose only drawings of such dissections are given, as may commonly be seen in the dissecting-room; and the minute detail, whose counterpart the student with average manual dexterity could not produce without some difficulty and loss of time, was intentionally omitted. This is as it should be, for, as we have frequently insisted, it is impossible for the student in two years to study, much less to *learn*, all the minute ramifications of insignificant nerves and vessels.

We cannot give these plates greater praise than to say that they are admirably fitted for the purposes for which the

authors intend them, and that both for accuracy and cheapness they are unequalled. We cannot do better than recommend students to avail themselves of these aids to study, without however allowing plates to supersede actual dissection—a result which we feel sure no one would regret more than Mr. Ellis himself.

An Essay on the Ligation and Management of the Umbilical Cord at Childbirth. By A. F. A. KING, M.D. Washington, 1867. pp. 37.

THE drift of this essay is that ligation of the funis is (1) unnecessary, because animals do without it; and the author refers to the minute structure of the vessels of the funis as being a guard against hæmorrhage; (2), that it is often injurious, by the retained blood and moisture in the end of the funis tending to favour secondary umbilical hæmorrhage, sore navel, and umbilical hernia, and the absence of the *normal* amount of bleeding probably producing the so-called infantile jaundice; (3), that it is sometimes fatal, producing asphyxia from congestion. The author advises that the cord be separated by some crushing apparatus, and the end left to dry off without dressing. It may be vain for us to try and combat the prejudices of several thousand years; nevertheless, the author's statements may be worthy of some consideration.

The British and Foreign Medico-Chirurgical Review, and Quarterly Journal of Practical Medicine and Surgery. No. LXXX. October, 1867. Churchill and Sons.

THE current number of this well-known quarterly journal opens with a lengthy review of the condition of the sick poor in the metropolitan workhouses, based upon the report of THE LANCET Commissioners, Dr. Stallard's works upon London pauperism, and numerous official reports. The article is an able *résumé* of the subject, and is well worthy of perusal, full justice being done to the efforts which have been made to improve the condition of the London infirmaries. Recent works on four important subjects are discussed in as many reviews; they are Medical Jurisprudence and Toxicology, Obstetrics, Inhalation, and Diseases of the Stomach, each of which is well done,—that on toxicology being an exhaustive article. The review of the work on Syphilis by Dr. H. Auspitz, of Vienna, will be of interest to those engaged upon this subject; and the summary of Dr. Bence Jones's chemico-pathological lectures abounds in novel and interesting matter. Short reviews of Hammond on Wakefulness, Brinton on Intestinal Obstruction, and Fuller on Diseases of the Lungs, complete the first part. The Bibliographical Record notices, briefly, thirteen recent publications; among them, Pirrie and Keith on Acupressure, Bloxam's Chemistry, and Cobbold on Tapeworm. The original communications are by Dr. Sedgwick, Dr. Gasquet, Dr. Peacock, and Dr. Tuckwell (of Oxford). Altogether, the review holds its own for ability of management and variety of subject.

THE COMMUNICABILITY OF CHOLERA.*

I.

THE communicability of cholera is still a vexed question. Neither the experiments of Thiersch nor the history of the dissemination of the pandemic as yet in progress have sufficed to set aside all doubt in many minds. The former, which seemed to show that cholera possessed a peculiar contagiousness, needed, it was thought by questioners, confirmation; more especially as subsequent experiments by Drs. Goldbaum, Guttman, Baginsky, Stockvis, and others, led to negative conclusions. The latter, although showing that cholera in its recent westward extension had not broken out in any locality in Europe and the Western Hemisphere, except subsequently to the introduction of the disease, or liability to the introduction from a previously infected district, was far from being so complete as to remove many difficulties. Thus the facts throwing light upon the probable or possible importation of the disease into Malta in 1865, to use Dr. Sutherland's words in our number of the 21st ult., "neither affirmed nor disproved the communicability of cholera." So far as the experimental proof of cholera is concerned, this question may now be considered as entirely set at rest by the experiments made by Dr. Burdon-Sanderson for the Medical Department of the Privy Council Office during the outbreak of the disease in London last year. As regards the historical evidence of the communicability of the disease, the doubtful instances must be read with the positive, in order that a just conclusion may be arrived at.

Dr. Sanderson's experiments, to the extent to which experimental proof is practicable, conclusively establish the communicability of cholera, and confirm Thiersch's experiments, while eliciting other important facts. He experimented on guinea-pigs, mice, hedgehogs, pigeons, and dogs. The experiments on all the different kinds of animals, except mice, yielded negative results. The experiments of Drs. Golbaum, Guttman, Baginsky, and Stockvis on dogs, rabbits, and pigeons, also failed to induce choleraic phenomena; but the conclusion which they drew from the failure was not warranted, for they overlooked the fact of a possible insusceptibility of certain classes of animals. Dr. Stockvis, however, experimented also on mice (how many is not stated), and obtained only negative results; but Dr. Sanderson shows that the communication of choleraic disease to these animals is not possible at all times. Certain negative results obtained by Messrs. Legros and Goujon by experiments on *rats* do not, as they suppose, affect the positive results brought about by Thiersch's experiments on *mice*, and are altogether set aside by Dr. Sanderson's experiments.

Let it be premised that Thiersch was the first to institute a series of experiments on the communicability of cholera with quantities of the assumed poisonous agent (the intestinal liquid) so small as presumably to be comparable with the amount which might be conceived to be liable to be introduced into the human body. He took fresh intestinal liquid, and allowed it to decompose spontaneously with access of air. In the liquid so kept a weighed strip of filter-paper was steeped each day, and then dried in a current of air at the ordinary temperature. The difference of weight of the strip before immersion and after drying indicated the quantity of solid matter taken up from the liquid. By this means the material of the liquid was obtained in every state of decomposition. White mice were selected for experiment, and for this selection Thiersch gives the following reason: "Between the human organs of digestion and those of the mouse there is no important difference. The intestinal canal resembles that of man much more closely, for example, than that of the rabbit. Mice thrive on animal food quite as readily as on vegetable, and the functions of sanguification and nutrition are carried on much in the same way as in man. Moreover, mice are very voracious, seldom at rest, and appear to require a larger quantity of material to warm and nourish them than larger animals." The mice were experimented upon in pairs, and each pair received a prepared strip of filter-paper four days in succession. Fifty-five experiments were made on 110 animals, and with the result that the majority of those which had eaten of the filter-paper that had been soaked in the intestinal fluid which had been exposed from two to six days were seized with a choleraic affection, marked by diarrhœa, suppression of urine, and, after death, the presence in large quantity in the intestines of an odourless and colourless liquid, watery and flaky.

* Report by Dr. Burdon-Sanderson on the Experimental Proofs of the Communicability of Cholera. (Fourth Report of the Medical Officer of the Privy Council, p. 434.)

It is expected that the building of the Queen's University in Ireland will shortly be commenced.

THE LANCET.

LONDON: SATURDAY, OCTOBER 19, 1867.

IN regard to the Medical Education of the future it is high time to be asking whether we are to receive any assistance from the older universities. When once the country is fairly roused to a consideration of all the needs and defects of its liberal professions in connexion with the condition of teaching at the old seats of learning, the question is sure to arise whether the great subject of Medicine is sufficiently recognised by them. The time is at hand when the claims of subjects, as well as those of sects, will have to be entertained by Parliament, if they be not previously entertained by the universities themselves. Little time can elapse before a reformed Parliament will see that the universities are really not universities at all, but most narrow and sectarian institutions, where the dogmas of a particular sect and the favourite subjects of a particular class of scholars are principally taught. It would ill become us, or any other representative of the great faculty of Medicine, to begrudge the ascendancy of Theology. It may occur to us to think—as it does to most practical men—that there has been at the universities a most unfortunate separation of Theology from those studies which contemplate the treatment of mankind in all its actual urgencies and its present necessities. We may believe, as we really do, that a very narrow view of human nature and its needs has been fostered by the notion that the universities discharged their whole function, and sufficiently used their enormous wealth, in teaching a few men the numerous articles of a particular creed and giving them a knowledge of Classics and Mathematics. We may believe all this, and yet be quite glad to see the ascendancy of Theology, or at least of religion, in our seats of learning. But what we must insist on is, that the universities be universities indeed, and that all the great subjects a knowledge of which is necessary for the progress of the human race in general, and of the English nation in particular, be helped and recognised by them. We have been lately told that there is a most delightful uncertainty about the income of our universities. That of Oxford alone is guessed at something between £200,000 and £800,000. It would puzzle the most conservative defender of the existing constitution of the universities to show that this wealth is utilised in a large spirit. And in the name of a profession whose members have contributed not a little both to the glory of the universities and to their wealth, and whose progress is eminently conducive to the welfare of mankind, we ask for a fuller recognition of the claims of Medicine.

In writing thus, we are not unmindful that Medicine is already recognised and most creditably represented both at Oxford and Cambridge. At Oxford there are Dr. ACLAND, Dr. ROLLESTON, and Sir BENJAMIN BRODIE—a group of teachers of which any medical school might feel proud. At Cambridge there are Dr. PAGET and Dr. HUMPHRY. At this University, indeed, there are many indications of medical energy. A valued correspondent lately writing to us, himself a Cambridge graduate and a leading physician in a large provincial town, gives an account of the features of the medical school of Cambridge which is most satisfactory. He describes himself as astonished at the progress made there in the last ten years. Museums, especially the new Anatomical Museum and the Museum of Human Anatomy and Pathology; good working rooms occupied by hard-working students; a dissecting room, well supplied with subjects, and a microscope room, used by men busily engaged, and evidently enjoying their work; a laboratory, under the superintendence of Professor LIVEING, whose teaching is highly esteemed; and an enlarged hospital,—are a few elements in the picture of the Cambridge School of Medicine drawn by our correspondent which show the earnestness with which some members of that University are disposed to make provision for the teaching of the fundamental parts of medical science. We are indebted to Cambridge University for the origination of a *Journal of Anatomy and Physiology*, conceived and executed in a highly scientific spirit, in the past numbers of which we have found most acceptable instruction in the deeper questions in these sciences.

With such men at Cambridge and Oxford, and with such means of teaching the fundamental branches, it is to be regretted that a much larger proportion of our students do not begin their studies at one or other of the universities. We say begin—for it is not maintained that either Oxford or Cambridge can supply at present all the material for clinical education which is required in the later stages of medical education. It is not intended to bring these schools into competition with the larger and more purely medical schools of the metropolis. What is desiderated by us, and by at least a few members of the universities, is that these institutions shall cease to be mere appendages of the Church; that they shall be so opened up, and the spirit of them so enlarged, that earnest students in Medicine shall receive the same recognition and the same stimulus to work which are now enjoyed by the student of the Thirty-nine Articles. A few lines from the letter of our correspondent will indicate the injustices and hindrances which continue even in Cambridge.

"I think I have said enough to prove that the Cambridge school is now very attractive, and very efficient for the chemical and physiological sciences; and I ask leave to state this in your columns, because I think it is not generally known how attractive and how efficient it is. I can only say that I, who was educated there, had but little idea of it; and I found, to my delight, that during the last ten years a change for the better had been going on with a rapidity which I should scarcely have supposed possible. There is, however, much yet to be done. I think the examinations for the Natural Sciences Tripos are not, as a whole (or were not a year or two back), up to the high standard which they should attain. The Oxford examinations are, I believe, at present better. When these examinations are seen to be thoroughly searching, as doubtless they soon will be, there will then be no excuse for the continuance of the gross injustice which denies to this Tripos an equality with the Classical and Mathematical Triposes. Men must see their way to fellowships and other academic distinctions as clearly through the Sciences Tripos as through the others. In the next place, the mischievous statutes which compel the large majority of the Fellows of colleges to take orders must be repealed. The existence of such statutes is a disgrace to a modern seat of learning, and arises only by an accident of tradition. I fear no sweeping change of this kind will be made until the absurd and super-

stitious sanctity now attaching to founders' wills is brushed away."

We have in what we have said taken it for granted that it is desirable that a considerable proportion of medical students should pass to the metropolitan schools of medicine *viâ* the Universities of Oxford and Cambridge. Both Universities are awaking to the duty of importing into education more of natural science, which will in due time, and probably ere long, become an important element in the education of the upper classes in this country. The universities perceive this, and are taking the lead in promoting it by founding scholarships for natural science, and increasing the means of instruction as well as the inducements to learn. The schools, however, with one or two exceptions, are still backward, and afford very few opportunities for these studies; for the reason, perhaps, among others, that the number of those who are capable and willing to give instruction is limited. Hence we are given to understand that the scholarships of the value of £40 a year each offered last week by Sidney College, Cambridge, for proficiency in natural science, were not awarded, because none of the candidates came up to the required standard. We trust the College will not be thereby discouraged, but will repeat its liberal offer next year, and that it will meet with a better response. These scholarships are offered by several of the colleges in Oxford and Cambridge, and are well worth the attention of students who intend to follow the medical profession. In addition to the honour of obtaining them, the expense of university education is, of course, thereby much diminished. They are open to students when they first come up to the university—before, that is to say, they have commenced residence; and notice of them is from time to time given in our columns.

In knowledge of these changes, we cannot doubt that it would be a great accession to the strength of our profession if many more of its members would, after leaving school, repair to one of the Universities to complete their mathematical and classical studies, and their earlier medical studies, such as Anatomy, Chemistry, Physiology, and Materia Medica. The way in which this should be done may be seen in our Students' Number. The time has gone by for exclusive privileges being accorded by any College to any particular University. Accomplishment and knowledge must be recognised wherever they have been attained; but this is no reason why, if facilities and inducements were held out, great numbers should not betake themselves to Oxford and Cambridge, to catch the spirit of their culture and perpetuate the fame of the profession of LINACRE and CAIUS, and of their Universities. Oxford and Cambridge may still be proud of their medical representatives in London and the provinces. But it is palpable that the younger graduates who are making any impression on the medical thought and doctrines of the country are, almost all, *not* graduates of these Universities. If these Universities still desire to be represented in Medicine, they must exert themselves to procure a more liberal and less exclusive constitution.

WE apprehend that the profession will agree on the main points raised by Mr. SKEY, in the columns of *The Times*, as to the injurious effect of the violent and long-continued exertion to which the university crews are subject in their annual boat-race upon the Thames. We are not able to go so far as to endorse the opinion of Dr. HOPE, that there is no cause of heart disease so common as hard exercise in rowing, seeing that rheumatic fever and several other states more frequently produce it; neither is it quite correct to say, with Mr. SKEY, that it is a case of death or victory; but there can be no question that "it involves a draught on the muscular, and we should add nervous and respiratory, powers of those engaged in it more or less injurious to their future health, some temporarily, some permanently."

Great stress has been laid by the apologists, "Broad Blue" and Mr. WILLAN, upon the selection and previous habits of the crews, and upon the training carried out for weeks before the race; and they add a denial of the strain produced by the race itself, and its consequent ill effects. Let us examine briefly each of the palliating circumstances thus brought forward.

In the first place, Mr. WILLAN informs us that the men selected are well known to be strong, skilful, and of good constitution; that they are, moreover, picked out from those who have been accustomed to rowing in races for amusement for four or five years, both at school and college. And this is no doubt the case. Nevertheless it must be admitted that the athletic exercises of the public schools and universities, rowing included, whilst they promote health and development of strength, do not give the same capacity for physical endurance that is afforded by a life of labour; and it is probable that the strongest member of a university crew would find his powers overtaxed by the ordinary day's work of a common waterman. Habitual labour is essential to the production of that quality of muscle which forms a basis for violent and long-continued exertion. Such kind of muscle is not acquired even by weeks of training, and scarcely by regular gymnastics. Time is essential to its development, and it is but rarely found either in the scholar or the student, in whom its want is too often compensated by the stimulus of pluck and emulation; the nervous and muscular systems being supported temporarily by an effort of the will, leaving them weakened or permanently injured when the strain is over.

But, in the next place, let us grant the existence of sufficient strength, and accept the definition of "training" to be, as "Broad Blue" states, the preparation of the internal organs for violent and repeated exertion of the strength. The crews row in steady practice for a month, and submit for six weeks to a peculiar regimen; and the question is whether the training thus pursued will enable the heart and lungs to bear the strain of the race without the risk of injury. Before entering upon this part of the argument, it is necessary to observe that the action of rowing interferes more directly with the respiratory process than almost any other exercise. In running—which, however, is equally liable to injurious excess—it is within the power of the voluntary muscles to regulate the rate of the respiratory movements; and it is well known that a well-expanded chest and rhythmic breathing greatly diminish the disturbing effects of exercise upon the heart and lungs. But in rowing the chest is nearly always fixed, and the respiratory movements are only possible in the short interval of rest at the termination of the stroke. As the racing pace is forty strokes per minute, the rate of respiration is doubled, and the act itself, being necessarily shortened, is reduced to a mere involuntary gasp. Under these circumstances the lungs become rapidly congested, and the heart seriously oppressed.

Now we are told by Mr. MACLAREN that the system of training pursued at the universities, instead of making the men stronger in muscle, and more accustomed to violent exertion, has exactly the contrary effect. He says the best men fall off when the exclusive training exercise for the race begins. Under it a powerful man dwindles: and this, not from "training down," as the phrase goes; for the reduction is not in weight only, but in girth and tension and contractility of muscle, and in the stamina which gives endurance of fatigue. Nor is this surprising. There is a superstition that exercise "takes too much out of a man;" and so, of twenty-four hours, they lie in bed nine, and lounge about a dozen more; less than an hour being devoted daily to really active work. And then as to diet: this and that article are supposed to be bad for wind, and so the ordinary wholesome and varied food is put aside, and the meals of half-cooked beef and mutton are helped down by toasted bread. The most natural demand of the body is seriously restricted; water is not allowed, and the quantity of fluid taken as beer or tea is not regulated by the degree of thirst, which is the natural monitor, but by an empirical rule which is supposed to suit all constitutions alike. In fact, instead of training the whole body into a well-balanced condition of perfect health, and the heart, lungs, and muscles to peculiar exertion, the university system seems based upon some crude ideas of "getting rid of flesh," and of resting in order to reserve the natural powers of the body for the last great struggle. No wonder that when it comes they are seriously distressed. We have ourselves observed the condition of the crews at the termination of a race, and can confirm the general description given by Mr. SKEY. The men look utterly exhausted. Their white and sunken features and pallid lips show serious congestion of the heart and lungs, and the air of weakness and lassitude makes it a marvel how such great exertion should have been so nobly undergone. We have repeatedly seen the after ill effects—spitting of blood, congested lungs, and weakness of the heart and great vessels from over-distension of their walls; and we are therefore of opinion that some restrictions should be put upon the candidates for boating honours, and that the regulations for training should be based upon scientific principles rather than the crude dogmas of a blind experience.

In making these strictures we have no desire to deny the beneficial effects of rowing or the necessity of racing. Emulation has its advantages as well as drawbacks. Men of spirit will not be content with less than struggles *à l'outrance* in any department of amusement or of work; and whilst, therefore, we cannot agree that the University Boat Race is a national folly, we are of opinion that the powers of endurance, as applied to gentlemen, are too severely taxed, and that the greatest precautions should be taken by every member of the crews lest evil consequences arise.

A MEETING of the Town Council Committee was held at Birmingham on Wednesday to receive a report on the appointment of a Medical Officer of Health for the Borough. The representatives of the press, who were present as usual, were asked to abstain from noticing the report in the newspapers; and on their declining to do so, they withdrew at the request of the Committee. It is believed that strong objections are entertained in some quarters to the appointment of a health officer, on the ground of its attendant expense.

Medical Annotations.

"Ne quid nimis."

THE SERJEANT-SURGEONCY.

THE Queen's advisers have solved the difficulty which has delayed for so long the filling up of the appointment rendered vacant by the death of Sir Wm. Lawrence, in a manner at once satisfactory and impartial. Sir William Fergusson's position at the head of the profession, and the honours which have already been conferred upon him, rendered it impossible to pass over his claims to the Serjeant-Surgeoncy, even if this had been desired; whilst Mr. Paget's scientific reputation, and his intimate relations with the heir to the Crown during the last few months, made it no less desirable that some mark of Royal favour should be conferred upon him. We congratulate both gentlemen upon a result which must be infinitely more satisfactory to them than any selection which might have appeared invidious.

Sir William Fergusson, as the senior, of course succeeds to the vacant post, and the office of Serjeant-Surgeon Extraordinary, which has been revived for Mr. Paget, may well become an appointment *en permanence*, since the honorary offices open to the profession are very few in number. It would not be easy to name two men who are held higher in the esteem of their professional brethren than the senior surgeons of King's College and St. Bartholomew's Hospitals, nor, we imagine, could two be found who at the commencement of their careers had less chance of advancement in public estimation and Royal favour. When Fergusson first taught anatomy in Edinburgh, and Paget in Smithfield, it would have required a very sanguine spirit to prophesy their present advanced positions. Genius coupled with industry rarely fails, however, to attain the desired goal.

The double appointment to the Serjeant-Surgeoncy makes a double vacancy in the list of Surgeons Extraordinary to her Majesty. An occasion therefore offers itself for a fresh display of the good taste and appreciation of professional status which have marked the Court appointments of the present reign.

THE SISTERHOODS OF GERMANY AND FEMALE NURSING.

THE system of female nursing, as at present established in the military service of this country, does not appear to be very popular with our army surgeons, who urge that it is an unnecessary and expensive method for the class of diseases occurring among soldiers during peace, however high may be the estimate of such nursing in general hospitals during the time of war, or in the different class of cases and persons occupying our large civil hospitals. In Prussia they appear to manage these things very well. The female nurses, we understand, do not, as with us, form a separate department, endowed with such exclusive powers as to make their position practically superior to that of the military medical service, to which they ought to be subservient. We announced a short time ago the fact that the Indian Government had resolved—and we think wisely, on the whole—not to organise a body of female nurses for the British military hospitals of that country. The plentiful supply of skilled nurses, as may readily be conceived, is a very important matter—how important, no one can estimate so correctly as members of the medical profession, and the sick under their care. We wish, for our part, that the question were not so inseparably and exclusively linked as it is with that of sisterhoods and religious societies, because it tends rather to limit than otherwise the usefulness of the system. Rightly or wrongly, wisely or ignorantly, people—and the poor in particular—have their prejudices, and it would be a matter of regret if patients came to regard hospitals as the

bantlings of any particular church or sect. Far be it from us to depreciate the value of the skilled and competent nurses in our metropolitan hospitals. The labours of the sisters acting as nurses at University College, King's College, and Charing-cross hospitals are deserving of all praise, and highly appreciated alike by the medical staff and patients.

The Prussian sisterhoods appear to be most admirable institutions, and an account of them will, we feel sure, prove interesting to our readers. We are indebted to Dr. Bostock's admirable Report on the Prussian military service, published in the Army Medical Blue-book just issued, for the following information. We limit our remarks to female nursing in its military aspects. It appears that, in time of peace, female nursing is not adopted in the Prussian army, but during the war the nursing of the temporary hospitals was undertaken by the different sisterhoods of Germany. The expense was defrayed by the Relief Committees, or by the Government. In the temporary hospital established in the Uhlan Barracks, in Berlin, the nursing was undertaken by the Catholic sisterhood of St. Elizabeth. The Maison Mère is at Neisse, in Silesia, and, on a request addressed to Neisse, a superior and sisters were at once dispatched to Berlin. On similar requests from Dresden, a superior and sisters from the Protestant Society of St. Elizabeth were sent from Berlin and from Munster to undertake the nursing of the wounded in the Cadet College and the Garrison Hospital, as well as of the typhus and cholera patients admitted into the "City" hospital of that place. At the end of the war, the members of the sisterhoods, both Protestant and Catholic, were to be found in all the hospitals, both in the cities and on the field, wherever the sick and wounded were collected together. There is only one opinion, Dr. Bostock tells us, as to the superior efficacy of nursing when undertaken by the trained sisterhoods. The medical officers, particularly civilians placed in charge of wounded, were loud in their praise, and consider that many lives were saved by the tact and delicacy with which they perform their duties. The training and probation through which they pass are guarantees that they are qualified, and are in earnest in the work they undertake. It is evident in the cleanliness and arrangement of the wards, in the order and regularity of the administration, but especially in the air of comfort and cheerfulness that pervades the whole establishment. There is considerable truth in the remark of the superior of the Catholic house in Berlin, to the effect that a "sad" demeanour was a great objection in a nurse, as the sick require to be supported and not depressed. All the sisters in the hospitals visited by Dr. Bostock were young or middle-aged healthy women, and no austerity was apparent in their manner. They wore the distinguishing dress of their order, but it was neat, and always scrupulously clean; and although it denoted their devotion to the work of charity, there was no attempt at proselytising, no priestly interference, and no conflict between the sisters and the medical and other authorities; they set about their duties in a quiet, business-like way, giving intelligent assistance to the surgeons, and endeavouring to alleviate pain in every possible manner. These excellent women are impressed with a religious sense of responsibility, which gives them courage and sustains them at their work. It is this, says Dr. Bostock, as well as their training, which makes them superior to ordinary amateur attendants, who, however enthusiastic they may be for the moment, cannot be depended upon, and who are apt to pet rather than nurse their patients, and to grow weary of the fatigue and disappointments which a close attendance upon the sick necessarily entails.

WINTER COUGH.

IN a recently published pamphlet, Dr. Parsons, of Dover, calls attention to the great prevalence of bronchitis in England, and investigates some of its causes. He shows that whilst the death-rate from phthisis has decreased, so that in the last ten years the number of deaths among males, notwithstanding the enormous increase of the population in that period, was very little larger, and among females absolutely smaller, than in the first year; yet that the deaths from bronchitis continue to increase in a ratio greater even than that of the increase of population. In 1854 the *total* deaths in England from phthisis were 51,284, and from bronchitis 20,062; in 1863 the deaths from phthisis had diminished to 51,072, but those from bronchitis had risen to 32,025. Or, to place the matter in another light: in 1854, to every 1000 persons living there were 1·092 deaths from bronchitis; but in 1863 these had amounted to 1·574 per 1000!

The most fatal age for bronchitis is, as might be anticipated, infancy and early childhood; and the next most fatal period is from fifty-five to sixty-five. Speaking generally, the mortality from all causes throughout the kingdom is pretty equal in both sexes, or but slightly in excess amongst males; and, as regards phthisis and bronchitis, the death-rate is always higher amongst males than females. In London, however, it appears that the reverse obtains, and the mortality from bronchitis in this city is greater amongst females than males. This is probably due to the women of the poorer classes being worse clothed and fed than the men; and possibly, also, their occupations may have to do with the result, though this is a point on which the Registrar-General's returns give no reliable information.

Dr. Parsons proceeds to investigate the causes of this increase of bronchitis, and, without declaring it directly hereditary, believes that it is so indirectly when the rheumatic diathesis is transmitted. Dr. Greenhow has already, in THE LANCET, enforced his views that rheumatism and gout have much to do with bronchitis, and Dr. Parsons seems inclined to agree with him; and no doubt occupation and atmospheric influences have great influence upon the production of the disease. What are termed "social indiscretions" by Dr. Parsons are also fertile causes of the disease; and among them he classes the habits of our business men, who hurry from home after an early breakfast to catch the train or 'bus to the city, where they work all day on little or no food, and start on the homeward journey in the evening with the vital powers depressed, and in a condition most favourable to the inroad of disease. The ladies are also shown to be "indiscreet" in the exposure of themselves to draughts of cold air, in the thinnest and scantiest clothing, in halls or passages, or even in the open street on their way between their carriage and the theatre, &c. Thin boots and insufficiently early resort to winter habiliments are also well-recognised sources of danger; as is, also, neglect of the fact that those advanced in years require warmer clothing than do the middle-aged.

Winter has come upon us unusually early this year, and it may not be out of place, therefore, to reiterate warnings which have been too often neglected. When an epidemic of cholera sweeps away its hundreds, public attention is attracted, and fear induces attention to precautions hitherto despised. Bronchitis sweeps away its thousands annually, and is surely deserving of more general attention than is ordinarily given to a mere "winter cough."

NEW ENTRIES AT THE MEDICAL SCHOOLS.

THE register of the College of Surgeons is scanned by anxious teachers with little less interest than is the political register by the active electioneering agent; and at the close of the registration the race for the first place is often proved to have been a close one. Our prognosis of last week is fully verified by the complete list of registered students, from which we learn that the whole number of students registered is 1004, of whom 336 are first-year's men. This is the smallest number entered on the register during the last seven years, except in the year 1864, when the number fell to 957, of whom only 294 were new students.

As regards the position of the several schools in the list of new entries, some changes from former years have taken place.

St. Bartholomew's makes a "first appearance these five years" at the head of the list, with 77 new men; Guy's being content for the nonce to play second fiddle, with 71. University and King's Colleges hold their usual places, with 48 and 30 respectively. The London Hospital leaps this year into the fifth place, with 24; and St. Mary's has to "take a lower place," with 21. St. Thomas's has its average, 17; Charing-cross, 15; St. George's, 14; Westminster, 10; and Middlesex brings up the rear, with 9. It is but fair, however, to mention that this last school has several new pupils who, having entered only for the curriculum of the dental licence, do not appear on the ordinary register.

We have not yet received the returns from the provincial schools, and the Scotch and Irish schools must be taken into account also when reckoning up the whole number of embryo medical practitioners. When we recollect that in the "Medical Directory" of the present year there are chronicled the deaths of no less than 476 practitioners during last year, and consider that of the 336 London first-year's men, probably at least one-third will from various causes never become full-fledged practitioners, it is evident that the demand for medical men will shortly exceed the supply unless reinforcements are received from the sister countries. Whether the social position of the medical man will not eventually gain by his becoming somewhat of a *rara avis in terris*, we will not at the present moment more particularly investigate.

THE CLIMATE OF ABYSSINIA.

FROM time to time, in the columns of our contemporary the *Standard*, a mass of interesting and valuable information relative to Abyssinia and the expedition on its way thither has appeared. We notice with satisfaction in the communication headed "Notes on Abyssinia," containing the personal experiences of a writer who is evidently peculiarly well acquainted with the climate, the manners and customs of the people, the various routes to the heart and capital of the country, and the requirements of travellers, that abundant evidence is adduced in support of the opinion which we were the first to express, that the present expedition to Abyssinia ought not to be disastrous in a medical or sanitary point of view. We have no reason to think that the ranks must be thinned by fever, or that the effectiveness of the men will be diminished in any special degree by malarial influences. It seems that there is plenty of hill and fertile country for encampment, an abundance of good water, and, in localities which can be easily selected for encampment, an absence of a too intense heat. We appear to hold in our own hands the means of preventing an excessive amount of disease; and if the army be crippled by disease it will probably be owing to the fact that the authorities have turned a deaf ear to the recommendations of its medical officers.

CONTAMINATION OF WATER.

IT may not be generally known that early in the present year Dr. Frankland commenced the publication of additional columns in his monthly table of water analyses, as given in the Registrar-General's Weekly Return, showing with more precise definition the nature of the impurities, and indicating also the estimated amount of "previous sewage-contamination" of the water supplied to the metropolis. That is to say, having ascertained the total amount of *combined* nitrogen by analysis, "the history of the water as regards its contact with decomposing animal matter" becomes apparent; and this previous organic contamination Dr. Frankland expresses by an equivalent amount of average filtered London sewage, which is taken as containing 10 parts of combined nitrogen in 100,000 parts.

The analyses for the month of September show that every 100,000 lb. of water supplied by the Southwark and Vauxhall Company from the Thames had, after its descent to the earth as rain, been contaminated with sewage or manure matter equivalent to 535 lb. of average filtered London sewage; the corresponding equivalents for the other Companies being as follow:—West Middlesex, 605 lb.; Lambeth, 675 lb.; Grand Junction, 705 lb.; Chelsea, 955 lb.; East London, 1035 lb.; New River, 2285 lb.; Kent, 3555 lb.; while a sample of the last-named Company's water delivered at Bromley showed the high degree of previous contamination of 3745 lb. The average for the water drawn from the Thames was 695 lb.; from the Lea, 1660 lb.; from the sources of the Kent Company, 3650 lb.

Dr. Frankland states that by gradual oxidation, partly in the pores of the soil, partly in the rivers, and partly in the reservoirs, filters, and conduits of the several Companies, this original sewage contamination had been converted into comparatively innocuous inorganic compounds before the delivery of the water to consumers; the total amount of *combined* nitrogen on analysis being, on an average, ·168 lb. in the Thames, ·264 lb. in the Lea, and ·463 lb. in the Kent waters.

If chemists would but agree among themselves as to the exact value of their modes of analysis in determining the quality of water for potable purposes, the public would be placed in a better position for estimating the importance of the two not always concordant analyses which are published—one by Dr. Letheby for the metropolitan officers of health, the other by Dr. Frankland for the Registrar-General—than they are at present. There seems to be but one safe course to pursue, and that is to obtain water from sources free from the shadow of suspicion of sewage contamination.

HEALTH OF LONDON AND THE LARGE TOWNS.

THE deaths in London and in all the nine other large English cities or borough towns, excepting Leeds and Bristol, showed last week an increase on those of the week preceding. The mortality was at the annual rate of 19 per 1000 in Bristol, 21 in London, 24 in Sheffield and Leeds, 28 in Birmingham, 29 in Salford, 31 in Liverpool, 33 in Newcastle, 34 in Manchester, and 35 in Hull. The total deaths from diarrhœa in all these town decreased last week to 188, which is little above the average of the season; in London 59 deaths were registered from this cause, and 4 from cholera or choleraic diarrhœa. Birmingham had the greatest number of deaths from diarrhœa, in proportion to its population, of any of the towns, and scarlatina was prevalent there also. The mortality from various zymotic diseases was high in Manchester and Newcastle. 13 deaths were recorded in London from small-pox, 18 from measles, 38 from scarlatina, 31 from whooping-cough, 36 from typhus (a less number than in either of the three preceding weeks), 163 from phthisis, 145 from bronchitis and pneumonia.

The mean temperature of the air during the week at Greenwich was 43·7°, which is 8·2° below the average of corresponding weeks for the last fifty years. The thermometer recorded 31·2° on two nights last week.

MEDICAL ASSISTANTS AND MEDICAL STUDENTS.

Two works have lately appeared* which are of great interest to medical students. Mr. Langley, who has had large experience as a medical agent with reference to principals and assistants, is of opinion that the position and status of the latter can only be improved by their undergoing a better preliminary education for the duties of their office. Whilst fully admitting the truth of this, it is impossible to shut our eyes to the difficulties which surround the question. The evils of the present position of the assistant have been the growth of years, and it will require years to remedy them. The laws regulating the medical profession have often been so imperfect and contradictory, that the reformer of abuses has met with insurmountable obstacles in his attempts to remove them. The position of the assistant, in regard both to emoluments and to the treatment he occasionally receives, is such, that properly

* Via Medica. By J. Baxter Langley, M.R.C.S.
Medical Students of the Period. By R. Temple Wright, M.D.

educated men shrink from embarking on a course which may be neither remunerative nor honourable. Mr. Langley foreshadows a state of things which we sincerely hope may eventually come to pass.

Dr. Wright, in his little volume, has succeeded in showing that the medical students of our period are not inferior, either in knowledge or gentlemanly deportment, to the students of either of the other learned professions. In his treatment of the subject we may excuse him for the employment of a little *couleur de rose*. If the student of the present day be not so perfect and unexceptionable a character as Dr. Wright seeks to make him, it must be admitted by all cognisant of the habits of the present race of our *alumni* that they are immeasurably superior to their brethren of a quarter of a century ago. The Bob Sawyers and Nockemoffs of Pickwick's time are fast dying out. We question if even a single specimen of them now exists. Dickens and Albert Smith were to a certain extent accurate in their delineations of a medical student thirty years ago; but the misfortune is, the public still take these photographs as true likenesses even at this time. This mistake has been promulgated and kept up by the fact that it is the custom of every idle vagabond or "fast young man" to call himself a "medical student" when placed at the bar of a police-court for an outrage on public decency or propriety. Inquiries in most cases have exposed the imposture; but, in the minds of the public, the prejudice against medical students remains, and their character suffers in consequence. Dr. Wright has not, we think, referred to one great cause of the improvement in the character of the students of medicine. In the time of Pickwick the vicious system of apprenticeship was all but universal, and the "apprentice" passed his five years in dispensing and in performing all but menial duties. When he became a pupil of an hospital he was like a bird released from a cage, and too frequently winged his way to scenes of riot and dissipation. Fortunately, now, "all is changed;" and, under a better *régime* and the general abolition of a compulsory five years' servitude, the medical student has contracted habits of self-respect and propriety of conduct, which, if they do not entitle him to the high encomiums of Dr. Wright, fully justify his claim to the title of gentleman, and to be associated honourably with an honourable profession.

CARE AND TREATMENT OF THE INSANE POOR.

THE address of Dr. C. Lockhart Robertson (president of the Medico-Psychological Association) at the recent annual meeting has been published separately, and will well repay perusal by all those who are interested in the public arrangements and institutions for the treatment of the insane poor. Dr. Robertson thinks we are not far from a sufficient provision for this purpose. During the twenty years the Lunacy Act has been in force, the number of beds in the county asylums in England and Wales has increased from 5500 to 26,000. In 1847 the public asylums provided accommodation for 36 per cent. of the pauper lunacy of the country; in 1867 there is provision for 60 per cent., which Dr. Robertson thinks a fair provision, and which leaves 25 per cent. to be treated in workhouses and 15 in private dwellings. The addition of 7000 more beds to the existing number (26,000) in the county asylums would meet every want that is likely soon to arise. Dr. Robertson believes that this addition may be best procured by increasing the number of beds in existing asylums to an average of 600. In 1847, 1 in every 880 of the whole population was a pauper lunatic; in 1867, 1 in 494. It requires all the authority of Dr. Robertson's opinion to satisfy us that these figures do not show an increase in the amount of pauper lunacy. He thinks they do not show this, but only more accurate returns, and a desire in the lower middle class to procure treatment for their relatives in the county asylums. While allowing the generally satisfactory condition of lunatics in workhouses, he urges the placing of them, even there, in the charge of the Justices of the Peace, under the supervision of the Commissioners in Lunacy, and the annual visitation of the workhouses of the county by the medical superintendent or other officer of the county asylum, with a view to a report on the general condition of the lunatics and the interchange of cases between the workhouse and the asylum. In Scotland, 13 per cent. more of the cases are treated in private dwellings. Sixpence a day is allowed to labourers for such cases. Dr. Robertson—we think justly—condemns the Scotch practice of granting licences (without fee) for the care of three or four cases in a labourer's cottage, and characterises it as a retrograde step in the treatment of the insane. We entirely agree with him. These cases are ostensibly under inspection quarterly or half-yearly, but no such inspection will ensure the proper treatment of the idiotic for sixpence a day in the houses of strangers, undertaken for pecuniary profit.

We can only hope that the public arrangements for the treatment of the insane will soon be completed in the spirit of the great Lunacy Act of 1845. It is easy to understand that while these are incomplete the medical minds of this department cannot be at leisure to do their best in the strictly medical treatment of insanity.

LIGATURE OF THE LINGUAL ARTERIES.

M. DEMARQUAY, the distinguished surgeon of the Maison Municipale, has recently presented to the Academy of Medicine of Paris an interesting communication on the subject of ligature of the lingual artery. After having given the history of twelve cases, in eight of which he operated himself, the other four having been collected from various sources, the author comes to the conclusion that ligature of the lingual arteries is not a difficult proceeding, and that the occasion for the performance of it is by no means of rare occurrence. Ligature of the arteries of the tongue has often been necessary in order to arrest hæmorrhage, and the observation of this fact suggested to M. Demarquay the advisability of applying the ligature in the removal of large and deeply-seated tumours of the tongue. The results of his operations have borne out this view. Demarquay has, however, carried his experiments further, and has used the operation for other purposes than that of merely arresting hæmorrhage. And herein consists the chief interest of his memoir. The ligature of both arteries of the tongue has been attempted with the view of bringing on atrophy of cancerous tumours of the organ, and, as a consequence, of prolonging the life of the patients. This experiment has been crowned with success, and in all the cases (amounting to three) the object was completely attained; while the sequelæ of the operation were of a most simple kind, and caused no inconvenience save temporary dysphagia, due to the proximity of the artery to the pharynx. In every case the wound was said to have healed easily and rapidly.

THE NUTRITIVE TREATMENT OF DISEASE.

SOME remarks of Dr. Grailly Hewitt on this subject, in his late introductory address at University College, are worthy of special notice. The substance of what he says (and though nominally addressed to the students, his words deserve to be carefully weighed by practitioners) is this,—that drugs and all other methods of treatment are, in the immense majority of cases, subsidiary and inferior in importance to the administration of food of quality and in quantity so adapted to the circumstances as to aid nutrition to the utmost. It is true that, for some years past, the attention of physicians has been much directed to the importance of food in all forms of disease; but there is still far too little general recognition of the fact that this is even more important than the bare administration of drugs. Those physicians who have in any degree the gift of prescience, must have perceived, for a long time

past, that all intelligent systems of therapeutics visibly tend to group themselves round this centre, and that what we shall be inquiring, twenty years hence, is, not whether such and such a drug is "sedative," or a "stimulant," but whether it aids or impedes the ready performance of nutrition. Even evacuants, which are doubtless serviceable at times, are so merely because they secure a moment's pause and repose to the system, till the nutritive process can get well into action. And yet we constantly hear practitioners speak as if they thought that this kind of remedy was the main feature in the management of disease!

HEALTH REPORT OF ST. JAMES'S, WESTMINSTER.

DR. LANKESTER'S Annual Report on the Health of St. James's, Westminster, in 1866, relates principally to the presence of cholera in the parish, and the steps taken to meet and control it. Altogether, 15 cases of cholera were reported, of which 12 were fatal—8 in the parish and 4 in the Middlesex Hospital. In 1832 about 50 deaths occurred from cholera; 56 in 1849; and 614 in 1854. The mortality from zymotic diseases (including 19 deaths from diarrhœa, 30 from scarlatina, 7 from typhus, 19 from measles, 21 from whooping-cough, and 1 from small-pox), was below the average. The total deaths were 37 in excess of the preceding ten years' average, the population remaining stationary, if not actually decreasing; this excess occurred, not when cholera was prevalent, but in the first and second quarters of the year, and is attributed mainly to climatic causes. Dr. Lankester considers that the influence of sudden cold on life has not yet sufficiently occupied the attention of those engaged in the study of the laws of health, and that at the present time the death-rate "is more influenced by the unlooked-for depression of external temperature than any other cause."

HEALTH OF PRINCE ARTHUR.

WE are glad to report that H.R.H. Prince Arthur is now comparatively well. Drs. Sieveking and Munk have ceased their attendance, and the Prince remains under the sole care of Dr. Carr, of Blackheath. No traces of the disease will be left. The vesicles on the face have been painted over with collodion, and have almost entirely disappeared.

A CHILDREN'S DINNER-TABLE.

IT is notorious that the children of the poor who throng the out-patient rooms at our hospitals and dispensaries want good and suitable food as much as or even more than medicine. We are glad, therefore, to learn that an effort which was made last winter to supply in some part the want is to be continued during the present season, and we venture to impress upon the profession, and, through it, upon the public, the importance of giving the undertaking the necessary support.

From a circular which has reached us we learn that twice a week during the most inclement portion of last and present years wholesome hot dinners were provided for 5542 children, at a cost to each of the little recipients of but one penny per dinner. Of these dinners, 4820 were eaten in the room provided for the purpose, and 722 were sent to sick children at their own homes. Of course the pennies did not defray the whole cost of the dinners, which was provided for partly by donations and partly by the sale of tickets, without which dinners were not obtainable. The managers of the charity expended their funds so judiciously that they have at the present time a balance of £176 in hand, besides the "plant" necessary for carrying on the undertaking; and it is proposed now to place the concern on a firm basis and make it self-supporting, by raising the price of the tickets from three and sixpence to five shillings, leaving the penny per meal to be paid as before.

The entertainments, for such they are in the best sense of the word, are to commence on the first Wednesday in November, and we trust that many scores of tickets will be subscribed for before that date. The pence thrown to importunate vagabonds in the streets would furnish a meal for many a wan and uncomplaining child, whose eyes watch wistfully the impossible but enticing dainties of the shop-windows. A good meal of meat and vegetables twice a week will enable a half-clothed child to resist the winter's cold better even than a fresh supply of clothing, and thus we may do something to lower that death-rate among our poorer children which is at once a disgrace and a misfortune.

The institution is under the management of ladies, who are always foremost in good works, two of whom are closely connected with the medical profession. Mrs. Eyre, the wife of the rector of Marylebone, has the supervision of the charity; Lady Thompson acts as treasurer, and Mrs. H. G. Wright as hon. secretary. We need hardly say that subscriptions will be thankfully received by them, or by the bankers, Sir S. Scott and Co. The dining-room is at 1, Little Barlow-street, High-street, Marylebone; and tickets may be obtained at 21, Great Marylebone-street.

THERE is naturally a considerable amount of curiosity as to the promotions which may be expected in the army medical service. There are, we are told, six vacancies to be filled up in the grade of Deputy Inspector-General, and medical officers begin to be anxious to ascertain the names of the fortunate men to be promoted. We are fully alive to the claims of seniority, which unquestionably ought to carry weight with the authorities; but, if exceptions are to be made, we should think few medical officers ever possessed stronger claims to promotion than Dr. Francis Reid, the principal medical officer at the Mauritius. The ability he has shown and the hard work he has undergone throughout the whole period of the late epidemic are deserving of all praise, and unquestionably merit a substantial recognition by the authorities.

YELLOW FEVER is leaving the island of Jamaica. A correspondent writes: "I know of no case in this city (Kingston) or the shipping, in Spanish Town or in the country districts. There are none, either, at Up Park camp; and I hear that Newcastle is free from it. There are, however, three or four cases at Port-Royal Naval Hospital, which were landed from H.M.S. *Jason*. After landing these cases the ship was ordered off to colder climates. From all I can hear, it is not spreading at Port Royal." We are sorry to have to chronicle the death of two more medical men from yellow fever: Dr. Simpson, at Black River; and Dr. Kelly, at Montego Bay. Dr. Richardson has also died at Port Antonio, but whether from the same disease or from bilious remittent fever is uncertain. The two former gentlemen were civilians; the latter, an assistant-surgeon in the army.

IT is gratifying to be able to announce a marked decrease in the number of cholera cases at Malta. The military do not appear to be free from the malady, as four attacks and three deaths have occurred since the 10th inst. The 14th Regiment has however continued healthy, we believe, since its removal to Gozo, the only attack in that island having occurred in the person of a soldier of the 14th Regiment, who, as we had previously announced, contracted the disease at Malta, and carried it with him to Gozo. In the outbreak of cholera at the Dominican Convent in Valetta, which proved fatal to no less than nine persons, we have another and very forcible example of the active development of the cholera virus where there exists a concurrence of local sanitary defects. The description given of this convent, and the customs in force among the friars are such as to afford a ready explanation of the rapid progress and severity of epidemic disease when once introduced.

AT the quarterly meeting of the directors of the Naval Medical Compassionate Fund held on the 8th inst., Sir E. Hilditch, Inspector-General, in the chair, the sum of £70 was distributed among the various claimants.

TOURISTS who desire to visit, and others who have an inclination to winter in Rome, are assured that they may do so without fear of the cholera, which has almost disappeared from the city.

The Lancet Sanitary Commission

FOR

INVESTIGATING THE STATE

OF THE

INFIRMARIES OF WORKHOUSES.

COUNTRY WORKHOUSE INFIRMARIES.

No. III.

FARNHAM (NEAR ALDERSHOT.)

THIS report will, we fear, be a "sensational" one. We regret that it should be so, for the task of writing such a paper is unpleasant to a degree that no one can appreciate who has not, like ourselves, had to experience the pain of condemning the conduct of officials who are probably only half-conscious, if conscious at all, of the mischief their own negligence has caused. We can only say, in deprecation of the annoyance which our statement is likely to cause to the guardians of the Farnham Union, that the exposure of the simple facts is all that we intend; and that this, in some shape or other, was as inevitable as, in the public interest, it is certainly desirable.

The Farnham Union Workhouse is a perfect marvel of bad construction for any purpose, whether of simple dwelling, or still more of the housing of sick persons. It consists, firstly, of a main building (an old-fashioned pile, which has apparently been a residence of the better class, and is now occupied by the master's apartments and certain offices, and by dormitories for the "able-bodied"); secondly, of an infirmary (two-storied), at the other extreme of the buildings; thirdly, of a two-storied block, devoted to so-called "fever wards;" fourthly, of a range of miserable one-storied buildings (running parallel to the fever wards, and forming, with them, the third and fourth sides of an incomplete quadrangle), which contain a nursery, a ward for infirm women, a laundry, and other offices; fifthly, of a block of buildings in the centre of the quadrangle, containing the dining-hall and, beneath it, the kitchen. Outside the buildings there is a considerable space of garden-ground, which is very properly applied to the production of vegetables for the consumption of the inmates.

To commence our description with the infirmary—the more immediate object of our inspection,—we may first speak of the female syphilitic wards. These are in a two-storied building, of which the upper room only was occupied at the time of our visit. We ascended to this by an open wooden staircase, which leads straight up from the lower ward, so that the air of the two rooms is mixed. There are seven syphilitic patients here, of whom three or four were the subjects of most severe affections. The room was extremely bare and gloomy; it was a "roof-ward," the dimensions being 36 ft. × 18 × 10 (*plus* the roof-space); so that the allowance of cubic space to the present number of inmates is as much as 1100 feet per head; but there have been many occasions in which the surgeon has been obliged to place twice as many patients in the ward. The lighting is by a very insufficient number of windows, but these are fortunately opposite each other, and the medical officer has fitted them with glass Venetian ventilating panes, fixed open. It happens not unfrequently, however, in cold or windy weather, that the patients complain, and then the panes are simply boarded up.

It was in this apartment that our attention was called to many features which are common to all the infirmary wards, and may be described once for all. The walls were bare and dirty, the bedsteads were narrow, the beds (except one water-bed, on which an almost moribund patient lay) were single mattresses, filled with chopped straw. There are only *two round towels per week* allowed for all purposes of ablution to this whole ward, and a proportionately niggardly allowance reigns through the house. The only watercloset is a dark and filthy place *outside the lower story*. And the only lavatory is a miserable room adjoining the watercloset, with a kind of cellulated slate manger (looking more like a urinal than a washing-place) at one side of it. There are no lockers or cupboards of any kind in this or any other ward; and the natural consequence is that all manner of miscellaneous articles of food, dress, and convenience are hidden under sheets or mattresses. The only drinking vessels are some coarse slop-basins of yellow crockery, which hold by turns the beef-tea, the tea, the porter, and any other drink that may be ordered for the sick. What struck us with most disgust, however, was the fact that in this ward, where two, if not three, patients lay mortally sick, there was no attendant nurse, not even a pauper; so that the patients, in any emergency, must rely on the bell to fetch them assistance. But *what* assistance? There is but one paid female nurse (a good and skilful woman, but not capable of ubiquity), aided by one broken-down male pauper, who has been five times tapped for dropsy, *for all nursing purposes in the house whatever. There are no night nurses at all.* Beyond a few pauper "helps" (for merely menial purposes), and a pauper keeper of the nursery, there is no supplement to the above-named staff.

In the body of the infirmary the arrangement both of male and female wards is very bad. The general plan in each case is this:—One larger ward, with from nine to fifteen patients; outside this a gloomy, little, so-called "day-room;" and then two or three little wards, with three beds each. The long ward is lighted by windows only on one side; the little wards by one window each. The connecting passage is narrow and inconvenient. The plan of out-door waterclosets is universal, except that there is one tolerably good in-door closet near the female wards. Nearly all these places are dirty; and as the guardians do not condescend to supply necessary paper, the drains frequently get choked with rags and other rubbish which the unlucky patients are forced to use. The drainage is into cesspools, and stinks abound from time to time.

Of the "fever wards" we shall not say much, because there were no fever cases in the house, although typhoid is at any time a possibility, owing to the state of the drainage of Farnham. The male and female wards are above each other, and communicate by an inside staircase. The only watercloset is one which must be reached through the open air, and by passing through the lower ward. The ventilation of the wards is most insufficient.

Passing across to the opposite side, we came to the nursery, and the ward for infirm women. Two more melancholy apartments we never saw. The former is a gloomy, damp, brick-floored room, with absolutely no furniture, except one low wooden bench, on which seven or eight little children were sitting in front of the fire. Most of these looked healthy enough; but we encountered three of their companions in one of the female infirmary wards (cowering together over a plate of nasty-looking, lukewarm mutton and potatoes), all of whom had itch, and one of them porrigo. The nursery-woman—an untidy but kind-hearted woman—complained bitterly that the children had no furniture in their room. They, visibly, had no toys, no amusement, and no education. It is true that some twelve months since the guardians subscribed for a sovereign's worth of toys; but only about two shillings' worth ever made

their appearance in the nursery, and since these were broken no more are forthcoming.

The infirm women's day-room presented, if anything, a still more pitiable spectacle. Here were seven aged women, toothless and decrepid, crouching over the fire, and making believe to dine. The doctor kindly orders them a meat dinner every day. The actual dinner supplied consisted on the day of our visit of thick lumps of beef or bacon (not mutton, as ordered); and, as if to mock the poor old creatures in their efforts to dispose of these tough morsels, knives were served out to them, *but no forks*. It may be mentioned that all the meat is cut up in the dining-hall, and by the time the various rations for the sick and infirm arrive at their respective wards, they are in a condition of tepid greasiness which is well calculated to repress inordinate appetites.

Passing to the day-room for infirm old men, we found another gloomy room, barer and more cheerless than any prison cell of modern construction, in which some dozen old men were sitting on hard benches, with no occupation whatever. The only happy-looking persons amongst them were two fidgety imbeciles. One of these had such very dirty hands that we were induced to ask for an explanation of their state. "Oh!" said our informant, "he does all the dirty work of the house." Among the inmates of the room, we found one man, aged eighty, who was a hard-working, respectable fellow till late in life; then broke down, and came to depend upon his wife's exertions; then lost his wife, and was presented by his merciful Board of Guardians with out-door relief to the extent of 2*s.* 6*d.* a week and one loaf. Under this genial treatment he found himself rapidly approaching the vanishing-point; so he wisely came into the house, and avoided starvation. Another old man, for sixty-two years a ratepayer, and who has a rich and genteel nephew in Farnham, had come to the end of his working powers, and was allowed out-relief to the amount of 2*s.* a week and one loaf. He, too, preferred residence in the workhouse to the rôle of Ugolino. It is a remarkable feature in the character of the late master of the workhouse (of whom more anon), that when the poor old fellows in this room once obtained some newspapers to while away their time with, he immediately took them away.

The dormitories for the so-called able-bodied (of whom about nine-tenths are infirm) are really good and spacious rooms, with nearly sufficient ventilation; but the inmates are locked in at night, without watercloset or any bell to call assistance. In answer to our expressed desire to see the able-bodied men, we were shown into a brick-floored room, in which there were precisely four persons, all of whom were diseased or infirm. In all the house we saw no really healthy people, except a few young women, mostly with babies, and a few young children.

One word more, and we have done with the mere description of what we saw at Farnham Workhouse. In one of the yards we observed what looked like two rabbit-hutches, on a rather large scale certainly, but with the ordinary furniture of frowsy straw, and fastened with huge padlocks. These are the male and female tramp-wards. The men are allowed no food at all, however weary or faint they may be. The women are allowed a piece of bread if they have children with them, not otherwise. One night, not long ago, a female tramp, known to be on the verge of confinement, was locked up all night in the female rabbit-hutch. When the porter unlocked the door at seven in the morning, the woman had been already four hours in labour.

We have hurried through the merely descriptive portion of our narrative, because the remainder of our limited space must necessarily be devoted to a historical *aperçu* of the management of this remarkable, and, we almost hope, unique workhouse.

For fourteen years the virtual government of the place has been a despotism on the part of the late master, tempered, however, during the last four years by revolution on the part of the doctor. The master was a large man, with an imposing presence, a confident manner, and a faculty for talking down any mildly remonstrant guardian. Among other notable performances of this official we may cite an outbreak of indignant virtue on his part which led to awkward consequences. He chose to think that an epileptic inmate, who had remained in bed to repose himself after a severe fit, was unduly self-indulgent, and made him get up and go into the garden to ladle out manure from a cesspool. The lazy man perversely went into another fit, fell into the liquid sludge, was pulled out three parts drowned, and a few hours afterwards gave up his fits and his life together. Fortune, however, favoured the master; and he escaped the more serious consequences which might have been expected. On various occasions he threatened the doctor, who was always proposing some tiresome reform or other, with personal violence. He has finally succumbed to the stroke of fate, and resigned his office, in consequence of a Poor-law inquiry which was held because he (a widower with seven children) had seduced one of the female inmates. The present master and matron would seem to be decent and respectable persons, and they are now actively engaged in cleansing the house from top to bottom.

Of the medical officer, Dr. Powell, it is impossible to speak without sincere esteem. This worthy man, with a salary of £55 per annum, with some few extra fees for lunacy and midwifery cases (and the privilege of supplying and dispensing all drugs at his own cost), has fought a good and persistent fight against the evil traditions of the place. He has constantly remonstrated against the condition and management of the house, and at length, we believe, has won not merely the respect but the support of the better members of the board. Bare and cheerless as the wards still are, the patients are possessed of many comforts which they lacked when Dr. Powell first took office. For instance: it is a fact that even the scanty allowance of towels which are now provided were then altogether absent; so that the inmates, after washing or bathing (which they did in the chamber utensils), dried themselves *on the sheets of their beds*. The medical officer has also procured, by diligent and incessant asking, various articles, such as foot and stomach warmers, night-dresses, &c., which are a great alleviation to the discomforts of sickness. And although he has at present sixty patients (and often a great many more) to attend to, and has to provide and dispense all drugs, there is neither stinginess nor carelessness in the way he does his work; the medicines are good in quality, and properly dispensed in clearly labeled bottles. The one paid nurse, though preposterously overworked, really does appear to keep a general supervision over all the medicine taken. This good and zealous person eagerly assured us that she never allowed anyone to administer the medicines but herself. The wounds and sores which we saw on various patients were dressed with proper care.

Our most painful task is to say what we must say about the guardians. These gentlemen, we are informed, are some of them farmers, some of them clergymen, and some of them squires, and there are not wanting in their number men of genuinely kind hearts and intelligence above the average. And yet the fact is, that for years past they have tolerated a state of things in their workhouse which was like nothing but Pandemonium, simply because they chose to believe implicitly all the master told them, and ignore all complaints from other quarters. We use these strong expressions advisedly; and we assure our readers that, if the evidence we have above adduced be not sufficient to convince them of their justice, there is plenty more behind. The materials for writing a melodramatic story are furnished in abundance by the bare facts of the history of Farnham Workhouse which have come to us from more than one trustworthy source; and if we withhold many of them now, it is because we have no special liking for lurid, even though faithful, colours. And should the guardians answer to our censures that, after all, it was natural for them to trust the master's judgment (since they believed him to be a respectable and faithful servant), we can reply at once with an instance which affords irrefragable proof that this excuse would be empty and insincere. It is a fact that they followed the master's advice not merely in matters as to which they might distrust their own judgment, but in committing the cruelty of locking up faint and weary travellers all night in a mere cage, without one morsel of food; and this although their medical officer repeatedly begged that at least a slice of bread might be given to these wanderers. And although the bareness and discomfort of the wards must have been patent to the most careless eye, the stinking closets obvious to the least sensitive nose, and the inadequacy of the nursing staff unmistakable to any-

one above the capacity of an idiot, not one word of complaint about these vitally important matters can be found amongst the numerous records, in the Visitors' Book, of the guardians' visits of inspection. On the contrary, the perpetually recurring statement in those records is that "we found the wards clean, and everything very satisfactory," or something equivalent to this.

If we have had any compunction in speaking as we have done of the guardians, there is at least one person in speaking of whom we need exercise no reserve. This person is he who signs his name in the Visitors' Book as the delegate of the Poor-law Board for workhouse inspection in the district of which Farnham is a part. For the negligence and blunders of the guardians there is at least this partial excuse—that they have grown up, as it were, in a system, and that its defects naturally present themselves with less clearness to their eyes than to those of outsiders. But the inspector is paid by the country a very large salary precisely in order that it may be worth his while to take the greatest pains to detect any faults which may thus arise. He has (or ought to have) no local prejudices; and one would say he has at least senses to which the untidiness and the smells of a place like Farnham workhouse can hardly suggest themselves as right and proper things. Although he is a country inspector, his life, we presume, has not been so exclusively passed in barbarous regions but that he must know it to be savage cruelty to leave persons who are mortally sick, day and night, without any nursing tendance except what they might (or might not) succeed in summoning by ringing a bell for a nurse who might be in any part of a large and straggling building. He might well have suspected that far more was behind than met the eye in a workhouse which has been, within a comparatively short time, the scene of two Poor-law inquiries and a coroner's inquest, at all of which the most disgraceful state of things was more than hinted at as existing in the management of the place. He might have been expected to bestow more respect and credence on the very reasonable complaints of the medical officer than on the contradictions of them by a master who considered emptying cesspools the proper work for a patient still staggering with weakness and dizziness after a fit, or by guardians with so little natural sense of justice that they would have mulcted the doctor of his lunacy fees had not the County Court peremptorily ordered their payment. In short, one would suppose that the very least that could be done by anyone calling himself an inspector would be to remonstrate without ceasing—first to the guardians, and then to the Poor-law Board—against the whole construction, management, and government of the Farnham workhouse, and to insist that an utterly different building, and an utterly different staff of officials and style of management should be as soon as possible provided. Instead of anything of this kind we find this inspector writing placid little reports, month after month and year after year, in the Visitors' Book, which scarcely ever recommend reforms at all, but almost uniformly speak of the general appearance and management of the house as "good" and "satisfactory"! Not one word does he say which would convey the impression that the general condition of things was bad; and the isolated scraps of reform which from time to time he recommends are mere trifles. There is little trace in the inspector's work at Farnham of the seeing eye, the hearing ear, or the smelling nose; his perceptions seem to be all second-hand. It is not improbable that he has a kindly heart; but the practical exercise of such an organ is a dangerous luxury for an inspector from Gwydyr House. When the officials of that highly respectable establishment catch a comrade with a soft spot in him they butt at him with one consent, as deer do at a sick or wounded companion, and drive him into a distant and disagreeable province. Witness the fate of Mr. Farnall.

Nor is the conduct of the Poor-law Board by any means to be excused, although it is true that their inspector, charged with the care of the district in which Farnham stands, is first of all to blame. To a president or a permanent secretary with a head on his shoulders or a heart in his body one would have thought the rumours wafted to the central office in consequence of the inquiries the Board was compelled (by the medical officer of Farnham) to hold, and the inquest on the unfortunate epileptic, must have occasioned acute uneasiness and a determination to see to the bottom of the affair and insist upon a thorough reform. There is no trace of any such action on the part of the Poor-law Board. The President and his satellites have been "lying beside their nectar" like the most careless of heathen gods. If anyone desires a sufficient and final proof of the utter ignorance with which the Poor-law Board administer the law, let him go to Farnham at the present time and observe how nearly full the house is at this moment, when it contains but 90 persons. And then let him reflect on the fact that the Poor-law Board have certified it for 314 inmates!

It is time we drew this report to a conclusion. What can we say—what can any reasonable person say—of the Farnham Workhouse but this: that the existence of such places is a reproach to England—a scandal and a curse to a country which calls itself civilised and Christian!

THE STATISTICAL, SANITARY, AND MEDICAL REPORT OF THE BRITISH ARMY FOR 1865.

No. I.

THE first volume of these Reports was published in 1859, and that for 1865 has just made its appearance. During the interval of these few years these Reports have borne evident marks of improvement; they have grown year by year in interest and importance. The present volume contains a large amount of valuable information, and we congratulate the department and the Director-General on its appearance. We are glad to be able to speak differently than heretofore of the prospects of the army medical service under its present direction. Dr. Logan appears to possess qualities (for the absence of which no amount of administrative capacity can compensate) for gaining the confidence, and on that account the hearty co-operation, of his subordinates. The post is confessedly one of difficulty, but he appears to be animated by a sincere desire to promote the interests of his department.

Many of the subjects discussed in these Reports possess quite as much interest in a political and social as in a medical aspect; as, for instance, the admirable Report on the Prussian Campaign by Dr. Bostock, of the Scots Fusilier Guards, and papers of a similar nature.

Considering the varied character and value of the matter contained in these volumes, it is to us a subject of regret that they are not more extensively read. The information is, no doubt, primarily and ostensibly for the Houses of Parliament; but, practically, this Blue-book stands in very much the same relation to the army medical service that the various reports published by our London hospitals do to the officers of those institutions. They serve to mark the ability and standing of its members and the work done by them; and the appreciation of these qualities by the public depends, in some measure, upon the ability put forth in such reports. We see no reason whatever why these army medical Blue-books should not occupy a higher and more popular position. Their contents unquestionably deserve this; and we think we see a way by which that end might be brought about.

One disadvantage under which the Reports labour is that so much of the information has lost its interest in consequence of its relating to events which in all cases have passed away, and in some are well-nigh forgotten. This is a defect which, it appears, cannot be remedied, and we therefore dismiss it. We venture to think, however, that some improvement might be made in the plan and arrangement of these Reports. We are actuated by no captious spirit; quite the contrary. But here is a large volume of closely-printed matter, and rather cumbersome to hold in the hand, and we do not think the plan and order of the subjects tend to lighten it. Instead of a reader getting easily at the information he wants, he is very apt to miss some of the best things.

Somebody once remarked that the true way to keep a secret is to publish it in a Blue-book; and these Reports are far too good already, and are capable of becoming archives of such importance and practical utility in all matters of public health, that we do not want them to illustrate the truth of that remark. Of course there are difficulties to be got over; and we do not pretend to lay down any precise details. The figures in the

Statistical Section, like the whole book, are for the information of the Houses of Parliament, as we have said; but statistics, pure and simple, are confessedly not pleasant reading, and these are made needlessly uninteresting by being entirely separated from all connexion with the other sections of the volume. We should like to see a separate tabular and numerical statement of the diseases and mortality at each station, accompanied by a running commentary on their respective relations to sanitary defects, climate, contagion, and so on; with short medical analyses of any prominent or interesting features in their pathology and symptomatology. The details of the cases, and all other information on special points, might be referred to an appendix.

So much by way of introduction; and now to the subject-matter itself. We have the most accurate statistics of our army at home and abroad: so accurate and full that no other nation probably equals us in this respect. Then we have short remarks on the sanitary improvements that have already been accomplished, and the defects which yet remain to be remedied; and, lastly, we have a good selection of special sanitary contributions, with equally interesting medical and surgical reports of cases.

Professor Parkes gives his *précis* of practical Hygiene in one of his accustomed papers, which always form a prominent and instructive feature in these volumes. There is a special report on the Prussian Campaign, by Surgeon-Major Bostock; a sanitary report on New Zealand in connexion with the late war, by Surgeon-Major Mackinnon; and the surgical history of that war in another section, by Inspector-General Mouat; a description, illustrated by plates, of the proposed new Pack; an interesting paper on a Sanatorium for our Indian troops, by Surgeon Fraser, M.D.; a very practical paper on that debateable subject, "the Evacuation of Hepatic Abscesses without the admission of Air," by Prof. Maclean; contributions by Prof. Longmore; some very curious and interesting notes on the prevalence of Fungi at Jaffna; besides a great many other medical essays and reports of variable interest and instruction.

We propose to lay before our readers, many of whom may not have the opportunity or the leisure for reading the volume for themselves, a description of the contents of the various sections.

A question of primary importance alike for professional men and taxpayers generally is this—What results are forthcoming from the large sums of late years expended in improving the sanitary state of the army? During the year 1865, in an average annual strength of 72,999 men serving in the United Kingdom, there were 68,661 admissions into hospital; the deaths from all causes, both in and out of hospital, amounted to 647; and the average number constantly sick was 3368. Of the deaths, 72 occurred while the men were absent from their corps.

The following table shows these results compared with the average of the five preceding years:—

Ratio per 1000 *of mean strength.*

	Admitted into hospital.	Died.	Constantly sick.
1865 ...	941 ...	8·86 ...	46·14
1860-64 ...	1002 ...	9·37 ...	52·17

The sickness and mortality have been considerably under the average. The reduction in the mortality is still more marked, if compared with the ratio for 1864, which amounted to 9·99 per 1000 of the strength. The average constantly sick has been 1¼ per 1000 of the strength under the proportion of 1864, and 6 per 1000 under the mean of the last five years.

At the end of the statistical portion of the Report is given a condensation of the official statistical report on the health of the French army in 1865, by which the opportunity is afforded us of comparing the rates of sickness and mortality in the two armies; and we are happy to observe that the result of the comparison is entirely in favour of our own army.

The *miasmatic* order of diseases in 1865 shows a rate of admissions of 183·9, and of deaths, 1·93 per 1000 of the strength, as compared with 211·4 and 1·98 per 1000 during the five years from 1860 to 1864; and as compared with 1864 there has been a reduction of 10 per 1000 in the rate of admissions from this cause. In *enthetic* diseases there has been a reduction in the rate of admissions of 50·3 per 1000 as compared with the average of the five preceding years, the respective rates having been 282·3 and 333·1 per 1000; and as compared with 1864 the decrease has been 7·9 per 1000. The mortality by *tubercular* diseases in 1865 shows a reduction of ·82 per 1000 as compared with that of the preceding five years, and of ·46 as compared with 1864. So that we have the satisfaction of noting a gradually progressive decrease in the sickness and mortality arising from the three most important "preventable" orders of disease.

The large manufacturing towns furnish the highest rates of admission into hospital—viz., 1205 per 1000. This considerably exceeds the average of the preceding five years, which was 1042 per 1000. London and Windsor give 902 admissions per 1000 of strength, which slightly exceeds the average of the preceding five years, but is much less than the rate in 1864, which was 1003 per 1000. The highest rate of mortality—10·84 per 1000—occurred in the seaport towns; and the lowest—6·51 per 1000—in the camps. In this respect the camps have always compared favourably with the other military stations.

Dublin gives the lowest rate of admissions from miasmatic and the highest from enthetic diseases and from corporal punishment, the last being 4·8 per 1000. The large manufacturing towns give the highest rate of admissions from tubercular diseases in 1865—viz., 25·3 per 1000; whereas in 1864 they gave the lowest—viz., 11·5. Fermoy appears to enjoy a singular comparative immunity from enthetic diseases, the rate of admissions having been only 124 per 1000.

During the year 1865 the number of men constantly in hospital for *general diseases* averaged 1318, being in the ratio of 28·96 per 1000 of the strength as compared with 19·10 in 1864. The loss of service by this class of diseases has been equal to that of the whole force serving in the United Kingdom for a period of 6·59 days; and the average stay of the cases in hospital has been 23·30 days.

Guinea-worm, having latterly become one of the topics of the day in connexion with the Abyssinian expedition, it may be interesting to our readers to learn that three cases of the disease occurred at Devonport, in the 28th Regiment, shortly after its arrival from Bombay, where no doubt the disease was contracted.

Accidental and *violent deaths* occurred in the proportion of ·57 per 1000—almost the same as that of the preceding five years. The suicidal deaths amounted to 21, being in the proportion of ·29 per 1000.

Of the troops serving in the United Kingdom, 2660 were discharged the service as invalids, being in the proportion of 36·44 per 1000 of the strength, as compared with 39·77 per 1000 of strength during the four years from 1861 to 1864, and 31·74 per 1000 in 1864.

The most frequent causes of invaliding were tubercular diseases; the highest proportion from this cause, 12·83 per 1000, being in the Foot Guards. Of deaths, also, tubercular diseases caused the highest proportion—viz., 2·48 per 1000 of the total strength.

The total rate of loss, by deaths and invaliding, of troops serving in the United Kingdom, amounted to 44·30 per 1000 of the strength.

So much space has been given to the medical statistics of the troops in the United Kingdom, that little remains at our disposal for the statistics of those in the colonies. In the summary given in pages 153 and 154 we find the lowest proportion of admissions (namely, 641 per 1000 of strength) in British America, and the highest (2322 per 1000) in China and Japan; the lowest death-rate (7·57 per 1000) in St. Helena, where, however, the strength was only 396; the next lowest (7·97 per 1000) in the Mauritius, in a strength of 1882. During the previous five years the average death-rate of the troops in the Mauritius was 21·30 per 1000; the highest death-rate 80·69 per 1000 in China and Japan. In India the admission and death rates were respectively 1505 and 28·14 per 1000, as compared with 1720 and 28·43 per 1000, the average of the preceding five years.

In the whole army at home and abroad, the admission and death rates respectively were 1104 and 18·07 per 1000 of strength, as compared with 1197 and 17·30 per 1000 of strength, the average of the preceding five years. The excess in the number of deaths was chiefly in the Mediterranean by cholera, and in the West Indies and China by fever.

For the first time we have, in the report under notice, a chapter on the sickness and mortality among soldiers' wives during the five years from 1860 to 1864 inclusive.

The portion of the statistical report which will probably be most interesting to our readers remains to be noticed. It is a "Statistical Inquiry into certain points connected with Venereal Diseases;" by S. H. Fasson, M.D., Surgeon-major Royal Artillery.

In introducing Dr. Fasson's remarks, Dr. Balfour, the compiler of the report, says:—"While employed in the beginning of 1865 as a member of a Committee appointed by Government to inquire into the best mode of treatment of the venereal disease, with a view to diminish its injurious effects on the men of the army and navy, I was struck with the fact that on several disputed points, to the determination of which the numerical method was obviously well adapted, it was nearly impossible to obtain precise and accurate information. None of the civilian witnesses appear to have kept available records of their observations on these points, and from only two or three military and naval medical officers did the Committee obtain numerical returns in support of the statements in the evidence. With a view to supply this defect, I prepared, with the assistance of several officers of the Army Medical Department who had made the disease a subject of special study, a form of register in which the more important facts capable of elucidation by statistics might be recorded." This register is given in the appendix. It was taken into use in the Lock division of the Garrison Hospital at Woolwich on the 1st July, 1866, by Surgeon-major Fasson. From that date till the 31st December 210 cases came under observation.

Dr. Fasson's conclusions, founded on his tables, are in accord with the opinions of the modern systematic syphilographers as to the duality of the venereal poison; the greater frequency—in the proportion of about three to one—of the soft or non-infecting chancre, which is more often multiple than single; the possibility of both forms of the disease being found on the same subject and in the same locality at the same time; and the period of incubation of the soft or simple sore being much shorter than that of the hard or system-infecting chancre,*—though, indeed, on this point Dr. Fasson is guilty of some ambiguity. We might imagine, from his remarks, that he considers that a hard sore may appear one day after contagion, or may be deferred to forty. Such, however, can hardly be his meaning.

The duration of the soft or simple chancre is very variable, ranging from 3 to 128 days; the average being about 35 days. The duration of the hard chancre is nearly as variable, ranging from 13 to 135 days, the average being about 42 days. The constitutional effects follow the primary disease at varying intervals, ranging from a few days to about three months. Of the 142 cases of soft chancre recorded by Dr. Fasson, six were followed by constitutional effects, at periods varying from 4 to 60 days; two of the patients had a previous constitutional syphilitic history; and four therefore only remain as exceptions to the rule that induration is an invariable feature of the system-infecting chancre.

In the hard chancres, the appearance of secondary symptoms varied from 23 to 93 days.

Dr. Fasson's last conclusion is, "that, as a general rule, the system-infecting chancre protects the subject of it from a repetition of the same form of the disease, although it gives no immunity from the soft or simple chancre." He admits that there are exceptions to this rule, and that the protective influence of the constitutional affection may become expended, as in vaccination, small-pox, &c.

It must be gratifying to the officers of the Army and Navy Medical Departments, whose characters, as well as those of the whole profession, as scientific observers of the phenomena of disease, had been so seriously impugned, that the evidence given before the late Commission at the Admiralty, and the statistical inquiry under notice, are amply sufficient to repel the pertinacious attacks of Dr. Macloughlin, and to expose the absurd eccentricity of his statements.

* We employ these terms in conformity with the usual nomenclature, but they are in our opinion quite incorrect. They convey the very false view that it is the sore which infects. It is nothing of the kind: it is the poison; or we might perhaps speak correctly enough of the woman or source of the disease as the infection.

THE Medical Society of London will hold its first meeting on Monday evening next, at eight o'clock. The president, Mr. Henry Smith, will read a paper "On the Results of Excision of the Knee-joint in King's College Hospital during the last year."

THE DRY-EARTH SYSTEM.

IN the last Report of the Bengal Sanitary Commission, the experiments which had been made to test the efficiency of the dry-earth system are referred to as having resulted so satisfactorily as to warrant its extended trial in the stations of European troops; and in the gaols of the presidency, where it had been in operation for upwards of a year, the improved sanitary condition of the prisoners is ascribed by some of the medical officers "in great part to its successful action." The Commission further reports that the system "is one of the most valuable contributions to practical sanitation, and is particularly well adapted for gaols."

The Rev. Mr. Moule has now received from the Indian Government a gratifying and substantial recognition of the value of his system, conveyed in a letter addressed to him from the India Office in London, dated Sept. 25th, 1867, from which the following is an extract:—

"I am directed by Sir Stafford Northcote to forward for your information copies of reports which have now been received from the Government of India, on the successful and general adoption of your dry-earth sewage system in India. In consideration of the very satisfactory character of these reports, and on the recommendation of the Government of India, the Secretary of State for India in Council has much pleasure in authorising the payment to you of the sum of £500."

The result of official inquiries as to the working of the system in Bengal shows that it is "thoroughly established in the hospitals, lunatic asylums, and gaols;" and that the testimony of all officers who have carefully watched its working is "decidedly in its favour." Dr. Mouat, the Inspector-General of Gaols, pronounces its introduction to be, without exception, the greatest public benefit conferred by a private individual in a matter so essential to public health, that he is acquainted with. The Punjab Government has ordered that "the dry-earth conservancy system, and no other, shall be adopted in all the prisons of the Punjab." From the North-Western and Central Provinces, from Oude, Mysore, and Coorg, the same approving testimony is borne. The system has not yet been authoritatively adopted for the army; but Major Malleson, the Sanitary Commissioner, found, during a recent tour of the chief military stations between Calcutta and Lahore, that it was generally in use, even in the latrines of European regiments, and everywhere there was but one opinion—"that the system was an admirable one, and far superior to any that had been previously tried."

The Sanitary Commissioner of Madras reports that the system has been very generally introduced in the gaols, hospitals, and other public institutions throughout the Presidency, and that it has been found to be successful wherever it has had a fair trial, and when the persons who make use of the latrines are under control. It is still doubtful whether the system is applicable to public latrines, and whether it can be generally introduced in native houses in Indian towns. The chief difficulty in some localities is to procure proper earth, the soil not being adapted for deodorising purposes.

From Bombay, the Inspector-General of the Medical Department reports that the medical officers of those civil and military hospitals wherein the system has been tried are unanimous in opinion as to its utility, and that it is "a really great public benefit." The Inspector-General of Prisons states that the system is in force in all the gaols of the Presidency, in a more or less complete form; and that its introduction "has proved very satisfactory and beneficial in some hitherto notoriously unhealthy gaols, not only in improving the health of the prisoners, but also that of the locality in the vicinity of the gaol, from the complete eradication of all offensive drains external to the enclosure walls." The Inspector remarks that the employment of dry earth was introduced by Sir Henry Lawrence in the Punjab "many years before it was perfected as a system by Mr. Moule."

A perusal of these reports confirms in every respect the favourable opinion we have often expressed of the utility of the dry-earth system as applied to small or scattered populations, to prisons or other institutions, or to places where sanitary arrangements are defective, or do not exist at all. As applied to large populations massed in great cities, the practical difficulties in its way seem to us, at present, almost insuperable. It does not need demonstration that it would be unsafe in large communities to leave to individual management the disposal of such substances as human excretions, which speedily become, not only offensive, but dangerous to health, if exposed in their natural state to the air. If, therefore, the dry-earth system ever comes to be applied to our towns and cities, in supersession of the water system, it will only be when arrangements have been perfected for the delivery of the necessary earth to each house by a company who will at the same time undertake the removal of the deodorised excreta, and see to the proper working of the apparatus. The watercloset system offers a means of removing excreta which at any rate involves the minimum of trouble to individuals; and in houses of good construction, with an abundant water-supply, little, if any, advantage would be gained by the occupiers in the substitution of the dry-earth conservancy. But it is in passing from the convenience of individuals to the health of communities that the evils of the water system develop themselves. Sewers become, under certain and very ordinary circumstances, laboratories for the manufacture of noxious gases, and the extent of disease caused by their emanations is, unquestionably, very considerable. And then there is the difficulty of dealing with a large volume of sewage, more or less diluted; cast unpurified into rivers or into the sea it becomes a widely-diffused source of annoyance and serious danger to health; while such methods of filtration as have been adopted have for their main object the separation of the water from the excretions,—the undoing, in fact, of what was, in the first instance, advisedly done.

Mr. Bridges Adams, in a recent number of the *Journal of the Society of Arts*, has likened the condition of the sewage of great towns to that of the ancient Britons after the Romans had departed from these islands. "Barbarous engineers drive it into the sea, the sea drives it back on the shores, and the inhabitants in their sore distress know not what to do with it." Mr. Adams's view is, that as the food for the consumption of the population of London is brought in day by day, which after it has passed through our bodies is reduced in bulk to less than ten per cent. of its original amount, it follows that the excreta could, without difficulty, be carried away by one-tenth of the vehicles that brought in the food, if done daily; and the expense of such removal, either by cart, van, boat, or rail, on to the land, would, he says, be immeasurably less than that of our present closets, pipes, machinery, and water-supply.

The whole sewage question is so intimately connected with the public health, that it is becoming more and more important as the population of our towns increases; and the conflict of different systems which is now very frequently carried on in the public journals shows that there is little chance of the subject being allowed to drop until a solution of the excremental problem has been arrived at.

We take this opportunity of referring to a letter which appeared in our impression of the 5th instant from Mr. Francis Taylor, of Romsey, who complained of our omission to notice his plan of dealing with sewage, in a former article on this subject; and he very gratuitously assumed that we are prejudiced against any other than Mr. Moule's system. We are not responsible for the omission of Mr. Taylor's plan from the Report of the Sewage Congress; but, if it had so appeared, it by no means follows that it would have been necessary for our then purpose to have made special reference to it. Mr. Taylor's plan involves the separation of the two excretions, and the utilisation of the solids alone. We take leave to doubt not only the practicability of working this plan on any large scale, but also the wisdom of thus rejecting what, in spite of Mr. Taylor's experience, we believe, on the highest chemical authority, to be really the most valuable fertiliser of the two.

The merit of Mr. Moule's system is not that it discovers some entirely new agent or process for rendering excreta innocuous, but that it practically applies the oldest known, simplest, and most perfect deodoriser to a use which was pointed out thousands of years ago. The system is precisely the same, whether it be applied in the primitive fashion suggested by a correspondent of simply throwing a few handfuls of earth over the excreta in an ordinary vessel, or by the use of one of Mr. Moule's closets; in fact, the self-acting closets are not in use in India at present, and the approbation of the Indian Government is based exclusively upon the results of the simplest adaptation of the system. Only in the one case the efficacy of the system will depend on the attention of an individual, who may by negligence render it inoperative; while, in the other, a simple mechanism prevents omission and ensures regularity. The principle at the root of the system is *the immediate application of the deodorising power to the matter to be deodorised*, and so that this be done, whether by hand or machinery, the result is the same.

THE CHELTENHAM WORKHOUSE: A PRIVATE INQUIRY.

AN inquiry into the state of this workhouse was made on the 15th instant by Dr. Edward Smith and Mr. Graves. The Board of Guardians and Mr. Fleischmann were in attendance, and accompanied the inspectors in their examination. Mr. Graves stated, however, that it was a "private inquiry," and admission was refused to our representative, to the reporters of the Cheltenham papers, and even to Cheltenham ratepayers. The inspectors *absolutely refused to allow Mr. Fleischmann to bring with him one private friend as an adviser.* The professed object of the inquiry was to investigate the truth of charges made by Mr. Fleischmann, and denied by the guardians. The guardians were all requested to be present; and they have been given ample opportunity of altering the faulty arrangements of the house. Mr. Fleischmann was compelled to face the whole matter alone. We must now wait patiently for the report.

It would not be possible, we think, to condemn this so-called inquiry more emphatically than by simply describing it. Upon the Poor-law Board, or upon a Board of Guardians, comment is thrown away; and Mr. Graves, we presume, will always be Mr. Graves. But we cannot avoid expressing our regret that Dr. Edward Smith should have lent himself to this un-English and useless proceeding; his share in which will justly diminish the confidence which the profession reposes in him. The Poor-law Board first deprive Mr. Fleischmann of his appointment, and then they investigate the truth of his charges in a manner so flagrantly unfair that their report cannot possibly be accepted by the public unless it should confirm those charges in every particular. Englishmen have no love for "private inquiries," and no respect for those who stoop to them. Any attempt to cover the Cheltenham Workhouse with official whitewash will end in inevitable failure, and will serve to hasten an inquiry that shall not be private.

Correspondence.

"Audi alteram partem."

EDINBURGH UNIVERSITY.

To the Editor of THE LANCET.

SIR,—"The addition of the professional address of each Professor of the Faculty of Medicine to the ordinary announcement of the courses to be delivered," which you denounce as "a decided novelty in the way of advertising," and characterise as a "new development of the puff oblique," happens to be the immemorial usage of all the Faculties in the University of Edinburgh, so that your censure on our distinguished secretary is altogether unmerited.

It was formerly, and is still to some extent, the custom of students here to obtain their tickets of admission to lectures at the professors' residences, and hence the propriety of mentioning them. As a consequence, perhaps, of this domiciliary system, it appears that some of our predecessors employed old playing-cards for tickets; and there are in my possession a king of clubs, a nine of spades, a seven of clubs, and a five of spades, each with a student's name, and respectively

signed by Dr. Hope, Dr. Home, Dr. Cullen, and Dr. Whytt, who were all great men in their day, and no more than their successors regarded teaching as merely a step to practice.

I am, Sir, yours, &c.,

Shandwick-place, Oct. 12, 1867. JAMES SYME.

ON THE ANTISEPTIC PROPERTY OF ALCOHOL IN FEVER.

To the Editor of THE LANCET.

SIR,—The interesting article on the modes of action of alcohol in your last number impels me to point out one property of great value in practice which has not, I think, attracted the attention it deserves. Whosoever has been called upon to watch and to tend cases of fever in the capacity of a nurse, as well as in that of a physician, will be able to bear testimony to the stimulating and the *sustaining* powers of alcohol. One mode by which fever tends to destroy life is by the rapid exhaustion of the nutritive properties of the blood. A quick and constantly-recurring effect of this is nervous prostration; a tendency to sink, marked by stupor and an accelerated, feeble pulse. In this condition salvation lies in the prompt administration of alcohol. The patient, out of mere excess of debility and unconsciousness, may at first refuse to take anything. But get down a teaspoonful of generous wine or brandy: a little strength returns; the sense of the want of supply, of hunger, is felt; the patient will take more with avidity; he will be roused to the capacity of swallowing more strictly nutritious food, and will thus be enabled to carry on the conflict against the exhausting and toxical influences of the fever.

Without going into the question whether alcohol is a food or not, I am in a position to state, from close clinical observation, that it, any rate, is to a certain extent *a sub titute for food*, by sustaining the powers of life under circumstances where the call for food is urgent and obvious, but cannot be supplied. One proof of this lies in the extraordinary tolerance of alcohol with which we are familiar during fever.

But amply recognising, as I do, these two qualities of alcohol—first its stimulating, secondly its sustaining virtue,—there is a third, which appears to me of scarcely inferior importance. I mean its virtue as an *antiseptic*. In zymotic diseases there is not only a rapid using-up of the vital properties of the blood, but there is also a direct poisonous influence at work, owing to two causes. First, there is the specific poison of the fever, multiplying itself; secondly, there is the empoisoning process, resulting from perverted nutrition and impeded excretion. Now alcohol, which is rapidly absorbed into the circulating fluid, mixes with it, and, for a time at least, is undecomposed, and retards the double process of empoisonment by its antiseptic property. The mineral acids, I believe, aid this action. Certainly, under alcohol, the secretions in fever improve; the diarrhœal stools of typhoid become less offensive. In puerperal fever these beneficial effects are often very marked. During the last epidemic of cholera, I put in practice the use of carbolic acid as an internal medicine, prompted by this indication. The success attending the plan was at least encouraging; and I believe that it ought to be borne in mind as a ruling principle in the treatment of zymotic diseases.

I am, &c.,

Finsbury-square, Oct. 1867. ROBERT BARNES.

ON THE USE OF CARBOLIC ACID.

To the Editor of THE LANCET.

SIR,—Since I addressed you, a week ago, I have seen Dr. Lemaire's work on Carbolic Acid, and find that, where he speaks of surgical applications of that substance, the principles and practice which he mentions are such as sufficiently to explain the insignificance of the results.

I may repeat that I never claimed to have been the first to use carbolic acid in surgery. The success which has attended its employment here depends not so much on any specific virtue in it, as on the wonderful powers of recovery possessed by injured parts when efficiently protected against the pernicious influence of decomposition. I selected carbolic acid as the most powerful of known antiseptics; but I think it not unlikely that my object might have been gained by using, on the same principle, some familiar "disinfectant." And I may take this opportunity of warning some of your readers that they must not expect carbolic acid to act like a charm; but that, whether they employ this agent or some other of analogous properties, it is only by the light of sound pathology, and strict attention to practical details, that they can hope to attain in their full measure the magnificent results which the antiseptic treatment is capable of affording.

I am, Sir, yours, &c.,

Woodside-place, Glasgow, Oct. 5, 1867. JOSEPH LISTER.

P.S.—October 6th.—I have to-day received a letter, of which the following is a copy, from a gentleman personally unknown to me. He seems to have had no difficulty in distinguishing between the mere use of carbolic acid and the practice which I have recommended. J. L.

Abbey-street, Carlisle, Oct. 5, 1867.

SIR,—I have the honour of being a graduate of Edinburgh. Having obtained my degree in 1866, I visited the Paris hospitals during the whole of last winter session, spending my time entirely in hospital practice and operative surgery.

I witnessed many of the capital operations, besides three cases of ovariotomy (which proved fatal).

I think it my duty to say that, during my stay of six months, I never saw anything approaching to your treatment of wounds, &c., with carbolic acid.

The majority of surgeons used for dressing wounds, &c., "acide phénique," "aromatic lotion," and tincture of arnica. The acide phénique was a very weak solution of carbolic acid, such as has been used in our hospitals for a long time to wash wounds, &c. The aromatic lotion resembles our "red lotion," and the tincture of arnica is like our Pharmacopœia preparation (in full strength). I never remember seeing any other lotion used, but have often seen various kinds of our common ointments applied at some of the hospitals. The dressing of wounds, &c., was very slovenly, and the indiscriminate use of the means was still worse. A handful of charpie was taken from the basket, and dipped in acide phénique one day, and applied to the wound, &c., and next morning the process was repeated with aromatic lotion, or arnica, and so on. I need not say the results appeared to me most unsatisfactory.

I have taken the liberty of communicating these facts, and trust you will excuse me doing so; because, since my return from Paris (four months) I have seen your treatment applied in the clinical wards, Edinburgh, with the best results. I shall be happy to furnish you, if necessary, with the names and addresses of eight fellow-graduates who can bear testimony to the facts I have stated.

I am, Sir, yours obediently,

Professor Lister. PHILIP HAIR, M.B.

WEST HAM INFIRMARY.

To the Editor of THE LANCET.

SIR,—In your editorial remarks in THE LANCET of the 12th inst., you ask me, in reference to the crowding of the lying-in room in the West Ham Workhouse, "Why are there ten beds if only six women are allowed to sleep there?" Now, as you have asked this question, I must request you to publish the reply, which is very simple. The fact is, this room has been but recently devoted to its present use, it having been occupied formerly by aged women (for whom the curtains were put up), and the surplus beds had not yet been removed; actually, only six women slept in the room, five patients and a nurse; the helper slept in another ward. Therefore, if, in the hurry of writing, a word was incorrectly written, it does not invalidate the reply, which was directed against the statement of overcrowding. I admit that I did not take into my account of cubic space, *infants under a month old*.

I also beg leave to state, most emphatically, that I should not have troubled your columns, or those of any other journal, if your Commissioner's remarks had not reflected upon me. When he stated the lying-in room to be overcrowded, the statement affected me, and no one else, as I alone have the responsibility of arranging and placing the sick in the West Ham Workhouse.

I must repeat, also, that the remarks on the book-keeping are injurious to me, "Not a single entry in the handwriting of the medical officer."

It is undeniable that these remarks, in a public journal, bring before the notice of the Poor-law Board the fact that a medical officer has not fulfilled the law (be it good or bad is

not the question); it is also clear, under these circumstances, that they may dismiss me if they choose.

Upon other points I am quite willing to leave my professional brethren to judge for themselves.

In conclusion, I must express my regret that THE LANCET defends the conduct of its Commissioner, which I described in my former letter, and which, in my humble opinion, remains unanswered and unanswerable.

I am, Sir, your obedient servant,
THOMAS J. VALLANCE, M.D., F.R.C.S. (Exam.)

Oct. 14th, 1867.

*** We regret, for his own sake, that Dr. Vallance should have been so ill-advised as to insist on the publication of a second letter, which, so far from altering the facts of our Report, only confirms it in all essential points. Whether the lying-in ward was or was not converted from another purpose is of very little consequence. There can be no doubt of its being overcrowded, and that the curtains had been used for giving privacy to the patients. Dr. Vallance would have done better to secure for each bed the space ordered by the Cubic Space Commissioners, with whose conclusions he had no right to quarrel; and this he clearly did not do. We are surprised at the folly of again drawing attention to the manner in which the medical books are kept, if, as he states, the law, good or bad, has not been complied with, and its breach is so likely to lead to his dismissal by the Poor-law Board. We hope no such calamity will befall him, as they are more to blame than he is. We shall be content if the subject is forced upon their notice, in order that Dr. Vallance may be relieved of the clerk's duty he is required but fails to perform.—ED. L.

THE FIELD TESTIMONIAL.

To the Editor of THE LANCET.

SIR,—Will you kindly allow me, through the medium of your pages, to offer my heartfelt thanks to those of my professional brethren and friends, as well as to the editors of the medical journals, for their generous help to me, and their kind support and sympathy at a time when I most needed help and encouragement. Overwhelming as at one time the trouble seemed to me, I was sustained in the belief that all along I had with me the good wishes of my professional brethren, and the honest and powerful advocacy of the medical press.

I am, Sir, faithfully yours,
Sussex-gardens, Oct. 16, 1867. OCTAVIUS A. FIELD.

COUNTRY WORKHOUSE REFORM.

IT is gratifying to observe that the leading daily journals have drawn attention to the state of the country workhouse infirmaries. *The Times* of the 14th says:—

"We are glad to see that THE LANCET has undertaken for the country the task it accomplished so effectually for the metropolis. Our contemporary has commissioned some members of its staff to investigate the state of country infirmaries, and the first two of their reports have already been published, describing the workhouses of Windsor and West Ham. The task will be a much more extensive one than the former, and perhaps for that reason it is all the more necessary. There is no saying how long abuses might linger in scattered country unions, if some independent agency did not bring them under the public eye. Nothing is more remarkable in our recent discoveries than the fact that none of the means of supervision hitherto in existence have been sufficient to ensure proper management. The Poor-law inspection has proved completely ineffectual. The inspectors, as they have sometimes ingenuously confessed, have seen as much as the workhouse authorities liked to show them, but they have rarely exercised an independent judgment, and have in practice exerted scarcely any control over the guardians. Sometimes, as it now appears, they were incompetent for their task, and often they must have yielded to the temptation to make all things comfortable except the paupers.....Neither private nor official inspection has proved to be sufficient, and some investigation like that set on foot by our contemporary is almost necessary for the satisfaction of the public. It may, perhaps, as in the case of the metropolis, prepare the way for an official inquiry."

The *Daily News* of the 12th has also an article on the subject, which observes:—

"Whilst nothing was incredible respecting the vicious mismanagement of the helpless London poor, perhaps comparatively few persons were disposed to believe that our smiling landscapes were desecrated by anything that at all approached the horrors which lay concealed in our city, until they were so vigorously exposed by THE LANCET Commissioners. A further investigation is now being carried on by THE LANCET into the condition of country workhouse infirmaries. This has already sufficed to show that neglect, which is often, perhaps, a phase of ignorance rather than of intentional wrong, is not at all confined to London Boards of Guardians."

The *Standard* likewise records with satisfaction our labours in the same direction. To-day we publish a report on the Farnham Union, which we leave to speak for itself.

INDIAN SUB-ASSISTANT SURGEONS.

(FROM A CORRESPONDENT.)

IF the question were asked, "What particular kind of native education, in India, has been especially beneficial to the people, whilst it has tended, more than any other, to maintain English supremacy there?" the answer would unhesitatingly be, Medical Education. The friendship with India, which was secured, more than a century ago, by the pioneers of England's power,—the English Doctors Hamilton and Broughton,—is maintained now by the native surgeons, who receive a first-rate professional education at the hands of the descendants of those gentlemen, in the medical colleges and schools. The key to this friendship lies in the dispensaries, which, of a comparatively recent growth, are at the present moment scattered over the length and breadth of the country. These dispensaries are, in the Bengal Presidency, presided over, as a rule, by native medical men (termed there sub-assistant surgeons), who, in some instances, hold independent charges, and in others are controlled by the European medical officer of the station. Upon the acquirements and character of the sub-assistant surgeon depends the popularity of the dispensary.

The class of sub-assistant surgeons was first created under the auspices of Lord William Bentinck, thirty-two years ago, *as an experimental measure*. Their value to the State has been found to be so great, that not only has the class been maintained, but the standard of education, with progressive years, has been considerably raised: in fact, the sub-assistant surgeon of to-day is educated to as high a degree of excellence as any medical student in Europe. His studies involve hard work for *five* years, independently of a preliminary liberal education; and yet the sub-assistant surgeon of 1867 receives no higher salary than did his predecessors of 1838,—men who had only to study for *three* years at the Medical College, and from whom a liberal education was not required. The candidates for other than medical degrees need study only *three* years, and *they* (native judges, engineers, and police officers, for example) enjoy a comparatively handsome income, from the beginning to the end of their career, whilst their official status is very properly recognised. No native goes forth from our Colleges more highly educated, liberally as well as professionally, than our sub-assistant surgeons, and no men benefit the people more. It is *they* who, in their respective spheres, become the expounders of civilisation to the ignorant masses around them, and, in advancing the cause of education, help to break down the barrier of ignorance between the rulers and the ruled. And yet, whilst other educated natives are made much of, and are stimulated by bright prospects throughout their whole period of State service, *they* are neglected, and allowed to advance their own interests the best way they can. This some contrive to effect, even as Government servants, in private practice; but the double work cannot always be *well* done, and, as a general rule, the sub-assistant surgeons in charge of dispensaries have too much official duty to perform to allow of any leisure for private practice; nor, except in the large towns, is there much scope for it. For some years past the sub-assis-

tant surgeons have keenly felt their degraded position, and, about two years ago, they submitted a memorial to Government on the subject. It was temperate and respectful, and stated the grievances complained of very clearly and forcibly; but no action was taken by the Government for a year, and then it was unfavourable. The memorialists had hoped that their case would, in common with that of other civil medical officers of all grades, be taken up by the Commission which had been appointed to inquire into the salaries of medical officers holding civil and staff appointments; but, although the memorial had been in the hands of the Bengal Government for several weeks, it was not put before the Commission till it was too late. The Commission broke up without giving any recommendations at all about it; indeed, it is doubtful if they even mastered its contents. They recommended, in general terms, a liberal scale of pay for uncovenanted and subordinate medical officers in charge of civil stations, and, of course, in the case of a sub-assistant surgeon holding such a charge, he would be entitled to the benefit of this recommendation. But, although the Government has made much of this as a concession to sub-assistant surgeons, it is, in fact, worth very little to them.

It is now nearly a year since the Government issued its final order upon the subject of the sub-assistant surgeons' memorial in Financial Resolutions No. 2068, dated 30th November, 1866, an order remarkable for its illiberality, want of logic, and general ignorance of the subject. "The Bengal Government," proclaims the imperial oracle, "cannot say whether the present pay of sub-assistant surgeons is sufficiently good to induce the requisite number of qualified practitioners to enter the department. As the Bengal Government knows nothing on the subject, it cannot have been inconvenienced by a deficient supply of candidates; *ergo* the present pay is a sufficient inducement." A mere assumption, based upon want of information, as the Government will find to its cost some day. The Government must not shut its eyes to the fact that, since the restriction upon Asiatics has been withdrawn, young native medical men, after receiving their diploma at the University of Calcutta, are getting into the way of going, first to the West Indies with coolies, and then on to England, with a view to competing eventually for an assistant-surgeoncy in the Indian army. If they do this now, by ones and twos, what may not be expected if they continue to find their own particular sphere so uncomfortable, and their position in it so insupportable? The prices of provisions in India are now very high, and this point has been considered in the case of other subordinate officers, but not in that of sub-assistant surgeons. The imperial Government seems to think that there is no fear of the supply of sub-assistant surgeons ceasing, for it says, speaking of the Calcutta Medical College, there has been a large increase of students during the last three years; and, referring to *sixteen* "fourth-year's" men against *fifty-six* "first-year's," it concludes that the future supply will probably exceed the past. The Government forgets that there always will be a larger number of students in the first than in succeeding years. After a short time many drop off from various causes, and at the end of the third year, when the first examination is held, the "weeding out" is very considerable. This is seen in the small number, *sixteen*, at the commencement of the fourth year. Then, again, of all the students who receive diplomas from the University, how many declare for Government service? Is the Government aware that, of the entire number of qualified men created since 1835, about a fourth are settled in private practice, men who never entered the department of sub-assistant surgeons at all? If it has been so, so far, what may not be expected for the future, now that the Government has turned a deaf ear to the sub-assistant surgeons' appeal for justice? It was but the other day that, at a meeting of the Bengal branch of the British Medical Association, a sub-assistant surgeon, holding an important but ill-paid office under Government, read a paper on the present state of the department; and, commenting upon the fact of Government having turned a deaf ear to their memorial, urged the whole body of sub-assistant surgeons to make an effort to better their condition and cherish an independent spirit, as there was no hope of redress from Government. In the discussion which followed, another sub-assistant surgeon, who probably has less cause to complain than any, said that his own experience in the department led him to regret the haste with which he had chosen his path in life. Let the Government take warning in time. Let them profit by the dilemma in which the Admiralty now finds itself, and not, by an act of illiberality, estrange from the State one of the most useful classes in India.

SURGEONS-EXTRAORDINARY TO THE QUEEN.

IT is extremely gratifying to us to be enabled to state, at the time of going to press, that Mr. Prescott Hewett has been appointed one of the Surgeons-extraordinary to her Majesty. The profession will unanimously hail this selection with great satisfaction. We have reason to believe, also, that, by the time THE LANCET is in the hands of our readers, it will be known that the other vacancy is filled by the appointment of the present distinguished president of the College of Surgeons, Mr. Hilton, F.R.S.

Medical News.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—At a general meeting of the Fellows held on Monday, Oct. 14th, the following member of the College was duly admitted a Fellow of the same:—

John Harley, M.D. Lond., Upper Berkeley-street.

At this meeting, the following gentlemen, having undergone the necessary examination, and satisfied the College of their proficiency in the Science and Practice of Medicine, Surgery, and Midwifery, were duly admitted to practise Physic as Licentiates of the College:—

Anderson, Robert, St. George's Hospital.
Bourguignon, Honoré, M.D. Paris, Great Marlborough-street.
Keagey, David, M.D. Victoria College, Canada.
Rolph, John Widmer, M.D. Victoria College, Canada.
Rootes, George, Doddington-grove, Kensington.
Tattersall, William James, Bacup, Lancashire.
Wiseman, John Greaves, Ossett.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on Oct. 10th:—

Gilland, Robert Bryce, Brentwood.
Houston, John Henry, Ballinahatty, Armagh.

ROYAL COLLEGE OF SURGEONS, EDINBURGH.—At a meeting of the College, on the 16th instant, the following office-bearers were elected for the ensuing year:—President: Mr. James Spence. Treasurer: Dr. John Gairdner. Librarian: Dr. Archibald Inglis. Secretary: Dr. James Simson. President's Council: Dr. James S. Combe, Dr. Andrew Wood, Dr. James Dunsmure, Dr. James D. Gillespie, Mr. William Walker, Mr. Henry D. Littlejohn; Ex-officio, Dr. John Gairdner. Examiners: Dr. James Simson, Dr. William Dumbreck, Dr. Archibald Inglis, Dr. Robert Omond, Dr. James Dunsmure, Dr. Peter D. Handyside, Dr. James D. Gillespie, Dr. H. D. Littlejohn, Dr. Patrick H. Watson, Dr. David Wilson, Dr. John Smith, Dr. D. M. C. L. Argyll Robertson. Assessors to Examiners: Dr. James S. Combe, Mr. James Syme, Mr. William Brown, Dr. Adam Hunter. Conservator of Museum: Dr. William R. Sanders. Officer: Mr. John Dickie.

A YOUNG Hindoo gentleman named Roostumjee Burzoojie, aged sixteen years, son of Dr. Burzoojee, of Victoria-road, Wimbledon Park, committed suicide on Saturday evening last by laying his head across the metals on the South-Western Railway, near Putney, when the last train from Waterloo was passing, by which his skull was completely smashed.

BURIED ALIVE.—The "Journal de Morlaix" mentions that a young woman at Bohaste, France, who was supposed to have died from cholera a few days back, was buried on the following afternoon. The sexton, when about to fill in the grave, fancied that he heard a noise in the coffin, and sent for the medical officer, who on removing the lid and examining the body gave it as his opinion that the woman had been alive when buried.

CHARING-CROSS HOSPITAL.—We are gratified in being able to announce that the lecturers of this hospital have generously offered a free medical education to a Foundation Boy of the Royal Medical Benevolent College, Epsom. Whether this boon will be continued by them every year, we are not informed; but we trust it may prove so.

THE kingdom of the Netherlands has been free from rinderpest for a considerable time.

THE annual meeting of the Northumberland and Durham Medical Society was held in the Newcastle Infirmary on the 26th ult., for the election of officers for the Session 1867-8, hearing the report of the committee, &c. Dr. Gibb was re-elected President. The first monthly meeting of the Society was held on the 10th inst., when the following papers were read:—Dr. Charlton on a case of Chorea in a male, cured by arsenic. Dr. Philipson: Report on Prevalent Diseases of the District, and Report on Cases treated in the Newcastle Fever Hospital during the year ending April 30th, 1867.

SIR JOSH. NAPIER has been appointed Vice-Chancellor of the University of Dublin.

THE CÆSAREAN OPERATION.—A woman, about 35, named Schmitt, in the last stage of pregnancy, was run over by a coal cart on the Boulevard de la Villette, a few days ago, and received such injuries in the head that she expired shortly after at an apothecary's shop, whither she had been conveyed. Drs. Tixier and Sallath then determined to save, if possible, the unborn child, and by means of the Cæsarean operation delivered a fine healthy boy, who appeared in no way to feel the effects of the accident which had been fatal to the mother.—*Quebec Chronicle.*

MIDLAND MEDICAL SOCIETY, BIRMINGHAM.—At the nineteenth annual meeting of the Society, held on the 10th instant, at the Midland Institute, the following officers were appointed for the year 1867-68.—President: Dr. Wade. Vice-Presidents: Mr. Alfred Baker, Mr. Oliver Pemberton. Councillors: Mr. J. S. Gamgee (ex-President), Mr. S. A. Bindley, Mr. Goodall, and Dr. Keyworth. Librarian: Mr. E. Mackey. Hon. Secretaries: Dr. Balthazar Foster and Mr. J. St. S. Wilders.

THE Foresters have kindly presented £58 (the proceeds of a *fête*) to the Executive Committee of the Great Northern Hospital, Caledonian-road, N., in aid of the new buildings to provide double the number of beds and hospital accommodation. A legacy of £100 has also just been announced.

DR. LETHEBY, in his report to the Court of Sewers of the City of London, stated that 553 houses had been inspected, and he submitted a list of 58 places which required sanitary improvements in various particulars. The inspectors of markets had condemned 2409 lbs. of meat as unfit for human food. Last week there were 46 births and 32 deaths registered in the City. The mortality returns were much below the average (41) for the corresponding week of the last ten years. The returns indicated a satisfactory state of the public health.

THE SAGRERA TRIAL.—Some years ago, a lady of this name, an inmate of a private asylum in Spain, brought an action against three doctors, and three of her relations, for illegal detention. The Medico-Psychological Society of Paris, of which one of these doctors was a foreign member, appointed, on the proposition of M. Delasiauve, its president, a committee, entrusted with the task of investigating and reporting upon the case. The committee consisted of Messrs. Loiseau, Legrand du Saulle, and Brierre de Boismont. The report, after great labour, went to show that the lady was affected with hysterical insanity, and that the six persons brought into Court were the victims of a judicial error. This report was adopted by the Society, and the consequence was that the prisoners, who were under sentence of transportation for eighteen and twenty years, were set at liberty, and the proprietor of the asylum was made Commander of the Order of Charles the Third. Quite recently, the members of the committee have received from the Queen of Spain the cross of Isabella the Catholic; and M. Brierre de Boismont, who had written the report, was made commander of the same Order.

MEDICAL VACANCIES.

Congleton Union (Parish of Biddulph)—Medical Officer.
Lambeth Workhouse—Resident Assistant Medical Officer.
Nuneaton Union (Chilvers-Coton District)—Medical Officer.
Tower Hamlets Dispensary—Medical Resident.

MEDICAL APPOINTMENTS.

J. W. B. ALDER, L.R.C.P.Ed., has been appointed Medical Officer for the Rowner District of the Fareham Union.

Mr. C. L. ANDERSON, House-Surgeon at the South Dispensary, Liverpool, has been appointed Resident Medical Officer to the Liverpool Workhouse Hospital.

C. ARNISON, L.R.C.P.Ed., has been appointed Medical Officer for the Derwent District of the Weardale Union, Durham, vice W. M. Reston, M.D.

G. ARNISON, M.R.C.S.E., has been appointed Medical Officer for District No. 6 of the Hexham Union, Northumberland, vice W. C. Arnison, L.S.A.L., resigned.

W. C. ARNISON, M.D., late Resident Medical Officer at the Newcastle-on-Tyne Dispensary, has been appointed Surgeon to that institution, vice J. Russell, M.R.C.S., resigned.

W. BURNIE, M.D., has been elected President of the Bradford (Yorkshire) Medico-Chirurgical Society, vice J. H. Bridges, M.D., retired.

D. CAMPBELL, M.B., has been appointed Medical Officer and Public Vaccinator for the United Parish of Ardchattan and Muckairn, Argyllshire, vice D. C. Black, M.D., resigned.

E. G. CLARKE, L.R.C.P.Ed., has been appointed Medical Officer and Public Vaccinator for the Mold District of the Holywell Union, Flintshire, vice E. T. Hughes, M.D., resigned.

W. DIXON, M.D., has been appointed Resident Medical Superintendent of the new District Lunatic Asylum at Ennis.

C. A. GERAVES, M.B., L.L.B., has been appointed Certifying Surgeon for the Factories of Derby, vice Mr. T. Harwood, deceased.

Dr. HATCHETT has been appointed Medical Officer for District No. 5 of the Ashby-de-la-Zouch Union, vice Bousfield, resigned.

H. E. JESSOP, M.R.C.S.E., has been appointed Medical Officer for the Cheltenham Workhouse, vice Alfred Fleischmann, M.R.C.S.E., resigned.

H. C. LAWRENCE, L.R.C.P.L., has been appointed Registrar to the Queen Charlotte's Lying-in Hospital.

J. MARCH, M.R.C.S., &c., has been appointed Consulting Surgeon to the Battersea Maternal Society.

R. MORTON, M.B., has been appointed Medical Officer, Public Vaccinator, and Registrar of Births &c., for the Castleblayney Dispensary District of the Castleblayney Union, vice E. Kough, M.B., C.M., resigned.

J. OAKLEY, M.R.C.S.E., has been elected Medical Officer and Public Vaccinator for District No. 4 of the Wimborne and Cranborne Union, Dorsetshire, vice S. R. Skinner, M.R.C.S.E., resigned.

A. L. OWEN, B.A., M.B., M.R.C.S., L.M., has been appointed House-Surgeon to the Royal Free Hospital, Gray's-inn-road.

W. PRICE, M.R.C.S.E., has been appointed Medical Officer for District No. 4 of the Wrexham Union, Denbighshire, vice Alfred Eyton, L.R.C.P.Ed., resigned.

J. RAWLINGS, M.R.C.S.E., has been appointed House-Surgeon to the Hartlepool Hospital and Dispensary, vice T. J. Fawcitt, M.R.C.S.E., resigned.

H. A. REEVES, M.R.C.S.E., Demonstrator of Anatomy at the Middlesex Hospital Medical College, has been appointed Surgeon to the Westminster General Dispensary, Gerrard-street, Soho, vice R. P. Middlemist, L.R.C.P.L., resigned.

H. C. SELWOOD, M.D., has been appointed Medical Officer for the Hursley District and the Workhouse of the Hursley Union, vice F. J. Sutton, M.R.C.S.E., resigned.

T. W. SHIELL, M.B., Resident Medical Superintendent of the Lunatic Asylum, Maryborough, has been appointed Resident Medical Superintendent of the new Lunatic Asylum at Enniscorthy, Co. Wexford.

J. A. SPENCER, L.R.C.S.I., has been appointed Medical Officer for the Crossroads Dispensary District of the Dunfanaghy Union, Co. Donegal, vice W. H. Maturin, L.K.Q.C.P.I., resigned.

R. L. SWAN, L.K.Q.C.P.I., has been appointed Resident Surgeon to Steevens's Hospital, Dublin, vice G. St. G. Tyner, L.K.Q.C.P.I., appointed Resident Medical Superintendent of the Auxiliary Lunatic Asylum, Clonmel.

T. R. VAUX WOODIFIELD, L.R.C.P., L.R.C.S.Ed., has been appointed Assist.-Surgeon to the Sunderland General Infirmary and Dispensary.

MILITARY AND NAVAL MEDICAL APPOINTMENTS.

T. BABINGTON, L.K.Q.C.P.I., Staff Assist.-Surgeon Army, has been appointed Assist.-Surgeon 10th Hussars, vice Fuller, appointed to the 4th Hussars.

R. E. BREDON, M.B., has been appointed Staff Assist.-Surgeon Army.

T. S. COGEN has been appointed Staff Assist.-Surgeon Army.

J. R. CROKER, L.R.C.S.I., has been appointed Staff Assist.-Surgeon Army.

J. R. ELLIOTT, L.K.Q.C.P.I., has been appointed Hon. Assist.-Surgeon 24th Lancashire Rifle Volunteer Corps.

E. J. FAIRLAND has been appointed Staff Assist.-Surgeon Army.

S. FULLER, M.R.C.S.E., Assist.-Surgeon 10th Hussars, has been appointed Assist.-Surgeon 4th Hussars.

T. D. GRIFFITHS, M.B., has been appointed Assist.-Surgeon 1st Glamorgan Artillery Corps, vice Padley, resigned.

W. M. HARMAN, M.B., Staff Assistant-Surgeon Army, has been appointed Assist.-Surgeon 60th Foot.

T. J. P. HOLMES, M.B., has been appointed Staff Assist.-Surgeon Army.]

G. C. IRVING has been appointed Staff Assist.-Surgeon Army.

W. R. KERANS, L.R.C.S.I., Staff Assist.-Surgeon Army, has been appointed Assist.-Surgeon 85th Foot.

M. A. KILROY, L.K.Q.C.P.I., has been appointed Staff Assistant-Surgeon Army.

R. P. M'ALEVY, M.D., has been appointed Staff Assist.-Surgeon Army.

J. MAY has been appointed Assist.-Surgeon 12th Devonshire Artillery Volunteer Corps, vice Bazeley, resigned.

J. H. MOORE has been appointed Staff Assist.-Surgeon Army.

J. W. MORGAN, Staff Assist.-Surgeon Army, has been appointed Assist.-Surgeon 6th Foot.

R. MURPHY has been appointed Staff Assist.-Surgeon Army.

D. J. O'FLYNN, M.D., has been appointed Staff Assist.-Surgeon Army.

D. L. OLDEN, L.K.Q.C.P.I., has been appointed Staff Assist.-Surgeon Army.

J. O'REILLY, M.B., has been appointed Staff Assist.-Surgeon Army.

T. O'REILLY has been appointed Staff Assist.-Surgeon Army.

R. C. PARKINSON has been appointed Staff Assist.-Surgeon Army.

G. C. PURCELL has been appointed Staff Assist.-Surgeon Army.

A. ROCHE has been appointed Staff Assist.-Surgeon Army.

R. R. SCOTT, L.K.Q.C.P.I., Surgeon 93rd Foot, has been appointed Surgeon 80th Foot, vice Wright, who has exchanged.

J. P. SUPPLE has been appointed Staff Assist.-Surgeon Army.

T. C. TOLMIE, Staff Assist.-Surgeon Army, has been appointed Assist.-Surg 92nd Foot.

E. TOWNSEND, M.D., has been appointed Staff Assist.-Surgeon Army.

N. WADE has been appointed Staff Assist.-Surgeon Army.

W. I. WHEELER has been appointed Staff Assist.-Surgeon Army.

T. WRIGHT, M.R.C.S.E., Surgeon 80th Foot, has been appointed Surgeon 93rd Foot, vice Scott, who has exchanged.

Births, Marriages, and Deaths.

BIRTHS.

On the 22nd ult., at Alexandria, the wife of J. F. Ogilvie, M.D., of a daughter.
On the 28th ult., the wife of Frank Godfrey, L.R.C.P.Ed., H.M.'s Convict Establishment Hospital, Gibraltar, of a son.
On the 1st inst., at Crosby House, Chigwell Row, the wife of Dr. Hicks, of a son.
On the 8 h inst., at Canonbury-square, the wife of A. Simpson, M.D., of a son.
On the 9th inst., at St. Augustine's-road, the wife of H. Edmonds, M.D., Staff Surgeon R.N., of a son.
On the 14th inst., at Woodstock, the wife of Dr. F. Taylor, of a son.

MARRIAGES.

On the 8th inst., at St. James's, Piccadilly, John Copeland Knipe, M.R.C.S.E., Army Medical Staff, to Catherine, daughter of the late Capt. Hunter Hailes, 10th Bengal Cavalry.
On the 10th inst., at St. Thomas's Episcopal Chapel, Edinburgh, Andrew M. T. Battray, M.D., of Portobello, near Edinburgh, to Susan, only surviving daughter of the late Lieut.-Col. Malcolm MacGregor, 5th Fusiliers.

DEATHS.

On the 21st of July, at Black River, Jamaica, Dr. W. Simpson, late of H.M.'s ship "Imaum."
On the 15th of Aug., at Adelaide, South Australia, C. F. Bayer, M.D., aged 53.
On the 24th of Aug., at Lucknee Serai, E.I. Railway, Bengal, Dr. Wm. Elliot Bower.
On the 7th inst., Wm. Bartlett, Surgeon, of Burbage, Wilts, aged 86.
On the 9th inst., John Huddleston, M.D. (formerly John Simpson, M.D.), of Gloucester-place, Portman-square, aged 74.

Medical Diary of the Week.

Monday, Oct. 21.

ST. MARK'S HOSPITAL.—Operations, 9 A.M. and 1½ P.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
MEDICAL SOCIETY OF LONDON.—8½ P.M. Mr. Henry Smith, "On the Results of Excision of the Knee-joint at King's College Hospital during the past year."

Tuesday, Oct. 22.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.

Wednesday, Oct. 23.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
ST. MARY'S HOSPITAL.—Operations, 2 P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
OPHTHALMIC HOSPITAL, SOUTHWARK.—Operations, 2 P.M.
HUNTERIAN SOCIETY.—8 P.M. Dr. Beigel: "Remarks on Inhalation, with Demonstration of a New Apparatus for the Application of Chloride and Bromide of Ammonium in the Nascent S ate."—Mr. Bryant, "On a Case of Vesico-Intestinal Fistula, for which Colotomy was performed."

Thursday, Oct. 24.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 1 P.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.

Friday, Oct. 25.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
QUEKETT MICROSCOPICAL CLUB.—8 P.M. Mr. McIntire, "On Chalifers."

Saturday, Oct. 26.

ST. THOMAS'S HOSPITAL.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
ROYAL FREE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

TERMS FOR ADVERTISING IN THE LANCET.

For 7 lines and under .....£0 4 6 | For half a page.....£2 12 0
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The average number of words in each line is eleven.

Advertisements (to ensure insertion the same week) should be delivered at the Office not later than Wednesday; those from the country must be accompanied by a remittance.

THE ANALYTICAL SANITARY COMMISSION.

THE CONCLUDING REPORT
ON
CLARET AND BURGUNDY
Will appear in THE LANCET of Saturday next, Oct. 26th.

To Correspondents.

MR. FIDDES AND THE PROFESSION IN JAMAICA.

A FEW weeks since we felt it our duty to make some comments respecting Mr. Alexander Fiddes, of Jamaica, and his treatment of yellow fever by sulphurous acid. We commented on his assumption of being the "discoverer" of the use of sulphurous acid in yellow fever, and the mode in which he made his "discovery" public—i.e., through the pages of a Jamaica daily newspaper. Mr. Fiddes is very angry with us for presuming to offer our opinion on the subject, rates us in no measured terms, and employs adjectives to express his meaning, which, for the sake of Mr. Fiddes himself, we regret that he ever employed. He admits substantially the whole of the charges we have made against him. He defends the course pursued as to his mode of publication. He admits that castor oil and wet sheets had been used for years in the island in the treatment of yellow fever. He does not deny that Dr. Gayleard and others had used the sulphurous acid long before he suggested it; but at the time of the publication of his letter he was unaware of this fact. He admits that it was employed at Newcastle and other places subsequent to his publication, and he asserts, moreover, that this treatment was attended with success. Now, we have nothing to withdraw from the statement which we originally made. It is not only substantially correct, but the assertion of Mr. Fiddes that the treatment employed at Newcastle and other places was successful is positively incorrect. It was employed, and its use abandoned in consequence of its utter worthlessness as a remedy. Mr. Fiddes, we may also state, denies that Dr. Polli ever recommended the use of sulphurous acid in the treatment of yellow fever, and charges us with not being what he calls "posted up" in the literature of the day; yet, strangely enough, Dr. Polli's recommendation in question was published in an English medical journal in May, 1866. If Mr. Fiddes had been "posted up" in the current literature of the profession, he would not have quoted Mr. Pennell's book, published *ten* years since, but have referred to Dr. Gayleard's letter, which stated that he and Mr. Pennell had employed sulphurous acid in yellow fever without success three years ago. It would, therefore, appear that the sulphurous acid which Mr. Fiddes claims as his discovery is successful only in the hands of the discoverer himself. We may ask, moreover, why Mr. Fiddes has hitherto refrained from giving in detail the cases in which he has been so remarkably successful? Our original statement, then, remains virtually unimpugned. Mr. Fiddes admits the accuracy of most of it, and confesses his ignorance with regard to the other portions. In his long letter to the *Gleaner*, he takes occasion to abuse some of his brethren in the island, and insinuates that we have been influenced in our opinions respecting him by their statements. No one but Mr. Fiddes requires to be assured that he is wholly mistaken on this point. If the medical practitioners in Jamaica are not on those terms of friendship and professional courtesy which should exist among the members of a liberal profession, it is deeply to be deplored. But has Mr. Fiddes ever asked himself why this state of things exists? It would be well for him to take this question into his serious consideration. Here, thousands of miles away, we may be presumed to offer an impartial opinion as to one of the causes. If controversies on scientific subjects are carried on in the spirit and terms of Mr. Fiddes' letter to the *Gleaner*, it would be remarkable indeed if peace could exist among medical practitioners in Jamaica.

A. B. C.—By the laws of Belgium, "apothecaries and chemists are bound, under a penalty, to keep poisons and narcotics, such as white and black arsenic, corrosive sublimate, opium, &c., in a safe closed place, of which they alone keep the key, and to take care that the paper, box, or bottle in which they deliver out these articles is properly closed and sealed, and that the name of the poison is legibly written on the packet, as also the words 'poison, violent;' and they are only allowed to deliver them on a medical order, or to known persons, and to be employed for a known purpose."

THE insertion of *Mr. Lockz's* letter respecting the inquest at Redcar is unavoidably postponed.

J. H. B. should read a pamphlet by Mr. Dowie, of Charing-cross.

Rusticus, (Brigg.)—If B. entered into a written promise not to practise in the town where his principal, A., resides, that letter would be regarded in equity as having the force of a bond, and, under certain conditions, A. could move for an injunction to restrain B. from breaking his *contract*. Of course, if this application were successful, the legal expenses would fall on B. With regard to the other question, we should be glad to see, before giving a definite answer, the original letter signed by B.

C. W.—The case can be treated at any of the London hospitals.

THE SPOLIATION OF THE COMMONS ROUND LONDON.

THE aid of the press is now anxiously invoked by the Epping Forest Preservation Society against the wholesale encroachments that are being actively made on Epping Forest. Of course everyone knows that what is being done is simply this: that the Lords of the Manors and others are resolutely assuming to themselves the power of converting their limited rights into unlimited rights, and, presuming that no one wealthy or powerful enough will oppose them, are treating the rights of the poorer commoners and the public as if those rights never had an existence. An attempt is now being made to restrain the Lord of the Manor of Loughton from enclosing some 1400 acres, and with success hitherto; but the difficulty of obtaining legal precepts to this end is so great that other manorial lords are taking advantage of delays and inconveniences to press forward their enclosures, so as to make them accomplished facts before legal decisions are arrived at. We can only have regard to the matter in so far as it affects the health of the population. We noticed last week the sad spoliation of Wandsworth Common. That of Epping Forest is an additional violation of what is beneficial in a sanitary point of view. There is the fear that public attention will only be thoroughly aroused to the enormity of the evil when it is too late to remedy it. The *County Times* also calls attention to similar encroachments which are now being carried on at St. Ann's Hill, Chertsey:—"On the edge of a road which is not twenty feet in width a 'rectification of boundary' is in process of formation, where perhaps before many years shall have elapsed a greatly increased traffic will arise, by which a most important space of ground will be lost to the public. In this case the old hedge has been grubbed up, and preparations are being made to transfer it in some places nearly ten feet beyond its original fixing. Such an attempt we are quite sure will be regarded with the greatest disapprobation, and we take this opportunity of calling attention to it, in order that it may be resisted before it become too late; and if the local authorities are not found sufficient for the purpose, it may be as well to take into consideration the necessity of forming a district Society, in order to the preserving our paths, roads, heaths, and commons from further spoliation. 'Cursed be he that removeth his neighbour's landmark,' is the anathema pronounced of old in the Book which should override all human laws, and it were well if every Act of legislation were made strictly in accordance with it."

Mr. J. C. Kerr.—Where a medical gentleman, not engaged to attend a case of midwifery, does so for a professional brother, he is entitled to half the fee, whether he be retained for the whole time of the labour or not.

Dr. Rennie's paper shall be inserted in an early number.

ABNORMAL LACTATION.

To the Editor of THE LANCET.

SIR,—I have the pleasure to forward the accompanying note, and, if you think it worthy of publication, shall feel obliged by your giving it a place in your widely circulated journal.

On the 10th of August last, I was called to see a lady, aged twenty-eight, and mother of three children living, who was suffering from severe uterine hæmorrhage, the result of an abortion that had just taken place. The bleeding was soon subdued by a few scruple doses of the ergot of rye, and the patient went on as well as could be expected. On the third day, however, I was consulted by the lady for painful breasts, which were considerably enlarged, and, to my great surprise, distended with milk. I say "to my great surprise," as I do not know of any case on record, nor have I been able to ascertain from other sources any example, of so early an occurrence of the secretion of milk during pregnancy such as has been observed in the case under notice.

According to the lady's calculation, she was only six weeks, or at most two months, in the family way, having for the last time been "unwell" about the first week in June, and had always been very regular. Add to this, on references to my register I find I was consulted by this lady on the 4th of July, and remember that it was for the non-appearance of the monthly discharge, about which she seemed very anxious.

I have inquired of some of the leading accoucheurs in Paris as to the earliest period of pregnancy at which milk was found in the breasts, and am informed that none had as yet been observed before three months; and there has lately been a young woman in the lying-in wards of the Hôpital des Cliniques, a nullipar, aged eighteen, who had aborted in her third month, her bosoms being, as in the preceding, fully distended with the lacteous secretion. In both cases the flow of milk was as great as at the full term; and the latter, at the suggestion of one of the numerous disciples who throng these wards that she had enough to suckle a full-grown infant, seemed to take the hint, and left the hospital with the view, it appears, of doing duty as wet-nurse. I wished to have followed the case to ascertain whether the secretion of milk would have continued as after the full term, but I have lost sight of the young women.

Both the patients were brunettes: the former a Brazilian Creole, and the latter a native of Bayonne, the inhabitants of which are known to be very dark. I mention this circumstance, as it has been observed by some authors that brunettes, or even negresses, made the best wet-nurses. The lady, however, referred to in the first part of this letter had never noticed any milk in her breasts at her other pregnancies, and that the said secretion never appeared, and then very scantily, till about the third day after her confinement, which event had always taken place at the full term.

How is one to account for these freaks of Nature, especially when we find it recorded in books that the secretion of *milk* has been known to occur independent of pregnancy or of menstruation, and that it has even been noticed, though rarely, in the male subject? For my part, I believe that the secretion observed in these cases is merely a lactescent fluid, and not genuine milk; or, in other words, the one is a morbid product, whilst the other is a physiological one, the secretion of which is the exclusive privilege of mammiferous females, and then only under certain physiological conditions—to wit, pregnancy, or the successful fecundation of one or more ovules.

I am, Sir, your obedient servant,

ALEX. BOGOS, M.D.,
Late of her Majesty's Indian Army.

Paris, October 8th, 1867.

LINIMENTUM TREBENTHINÆ ACETICUM.

A CORRESPONDENT complains that this is an unchemical combination, in which an oily and an aqueous liquid, which do not form a homogeneous mixture, are put together, and he wishes to know if THE LANCET can suggest some method of improving it. This liniment was introduced into the British Pharmacopœia of 1864. It contains turpentine, strong acetic acid, camphor, and olive oil, which can only be kept mixed for a short time by shaking them together, and when thus mixed it is intended to be applied to the skin as a powerful rubefacient. It produces what was contemplated, the combined stimulating effects of the turpentine and acetic acid; but it certainly would be more elegant in appearance, and more convenient for use, if the ingredients were miscible without separation. We do not see how that result is to be attained with such ingredients; but the subject is deserving the attention of those who are skilled in pharmaceutical manipulation.

O. Lydel, (Birmingham.)—We know nothing of the person named beyond the mere statement to which our correspondent refers.

Mr. F. S. Hawthorn.—In an early number.

A Surgeon's Son, (Bury.)—The question has never been decided. The license of the Faculty of Physicians and Surgeons of Glasgow is regarded by the public services and by the Poor-law Board simply as a surgical qualification. The question legally, however, is not affected by this regulation, and the holder of the diploma might, we think, recover for attendance in a medical case.

Rusticus.—Bright's disease is a granular degeneration of the kidney.

THE ROYAL HOSPITAL FOR DISEASES OF THE CHEST, CITY-ROAD.

To the Editor of THE LANCET.

SIR,—A letter appears in THE LANCET of to-day, signed by Dr. Richardson, Dr. Leared, and Dr. Powell, professing to be an answer to a statement I made in *The Times* of Monday last, the 7th instant.

The reply of these gentlemen is manifestly no answer at all. It first misquotes my letter, and then, by citing the three cases, would persuade your readers that three exceptional appointments abrogated the written laws concerning the medical staff of this hospital.

The facts of the case are briefly these: A circular, dated October 1st, 1867, signed by Drs. Richardson, Leared, and Powell, has been widely published, and sent to the Governors of this hospital, in which it is stated that, "according to a long existing rule of the institution and of many other institutions, medical candidates for the office of Physician were admitted on engaging to become members of the Royal College of Physicians within a year after election."

I denied this assertion. I deny it again, and I have abundant evidence, both printed and in manuscript, dating from 1814 downwards, that the assertion is false. I am prepared to produce this evidence on all proper occasions to all who may doubt it.

The mere fact that in a period extending over fifty-three years three cases can be found in which it has been considered expedient to accept the services of gentlemen not duly qualified, does not by itself prove their assertion any more than three swallows make a summer.

Moreover, it is well known that at the dates quoted in their letter to you, suitable candidates for hospital appointments in England were, in consequence of the Crimean war and other circumstances, very scarce. Hospital Boards were then obliged to accept such candidates as they could get; hence it arose that in some cases the full qualification on the day of election was not insisted on.

The misstatement these gentlemen made in their circular, and which they now attempt to justify, is not a question of any individual's word, but of the laws and muniments of an old-established charity; and there is not wanting evidence to prove that two of them at least were aware, when their assertion was penned, that no such law or rule as they quote was included in the hospital code.

I am, Sir, your obedient servant,

October 12th, 1867. CHAS. L. KEMP, Secretary to the Council.

M.D., (St. Leonards.)—1. As the guardians of the union have the appointment of public vaccinators, in the first instance an appeal should be made to them. If, however, they refuse to act, then a memorial, embodying a full detail of all the circumstances of the case, should be forwarded to the Poor-law Board. — 2. Yes; the answer to the first question applies equally to this.

A Constant Reader (Whitby) may pass his preliminary examination at any time previous to his entering a medical school. One examination only of the kind is necessary.

J. S.—An application should be made to the magistrate who committed the offender. The fee should be one guinea.

Mr. F. Hideston.—There is no Government insurance for working men, where they would be allowed a weekly sum in case of illness. Such an institution would be very useful, and we trust that ere long steps will be taken to found one.

Dr. Sweeting is thanked for his letter. The case is a very painful one, and shall receive attention.

J. W. (Manchester) will find the information in the Medical Directory.

VESICAL ENTOZOA.

To the Editor of THE LANCET.

SIR,—The sequel of the case inserted in your number for Oct. 5th, under the above heading, may interest some of your readers.

I gave the patient half-drachm doses of oil of turpentine three times daily. On the second day he passed one worm by his penis (which was pulled away after it had been partly voided), and 80 or 100 per anum. On the next day he passed many more, and since then (now a month) has passed but one.

Your correspondent in last week's issue does not give any idea as to the source of such parasites. My case differs from his in being genuine, and the worm being an ascaris.

Wishing to learn more of such cases, I am, Sir, yours truly,

October, 1867. G. H. S.

W. T. (Leeds) has forwarded to us the *Leeds Mercury* of the 2nd of October, and directs our attention to a notice of an operation by Mr. Teale, junior, at the Leeds Infirmary. Our correspondent denounces the paragraph in strong terms. So should we if we had reason to suppose that Mr. Teale was in any way connected with its insertion in the *Mercury*. The name of Teale, however, is so well known in Leeds as not to require to be "puffed up" by any "quackish notice." Injudicious friends often do harm where they wish to do good.

B. C. D.—There would be nothing improper in B. opening a surgery in the village of D., particularly as he is the medical officer of the union in which D. is situated. The convenience and comfort of the poor patients should be the first consideration.

Dr. Masson's letter shall be published in our next impression.

THE GUARDIANS OF THE POOR OF ST. PANCRAS AND THE DISMISSAL OF MEDICAL OFFICERS AT THE WORKHOUSE.

To the Editor of THE LANCET.

SIR,—In an article which appeared in your journal of the 5th instant, you denounced the proceedings of this newly constituted Board in language anything but complimentary, and allege that "a gross piece of injustice has been perpetrated" by this honourable Board in dismissing their two medical officers—the one "merely because he was married;" the other "merely because he was too young;" and that we had elected one still younger! which you designate as "*disgusting in the mixture of injustice and cant*," and conclude in the following words:—"That the guardians of St. Pancras should, upon such hollow pretences, commit the outrageous injustice of dismissing an able and faithful officer, whom they had a few months before tempted to resign his prospects in country practice by the strongest and most explicit suggestions that his appointment would be during good behaviour, is perhaps only average guardian-nature." A similar notice appeared in one of the morning papers, couched in pretty much the same language—"The Daily Lightning," as one of my facetious friends calls it; but as the articles which appear in that journal are more or less "sensational," and that, too, regardless of the truth, no notice was taken of it. But as an old subscriber and constant reader of THE LANCET, and being one of the guardians in question, I cannot allow such unwarrantable statements to be promulgated, which, by the way, are altogether fallacious and contrary to fact, without saying a few words in reply.

That Mr. Ford Bennett was dismissed because he was married, or, as you allege, tempted to resign his prospects in the country, is simply a gratuitous falsehood. Mr. Bennett was appointed on January 15th, 1867, and the junior medical officer the following February, whereas the Board of Guardians, as at present constituted, was not then in existence! I should be sorry to say anything disrespectful of any of my professional brethren; but I cannot help thinking that Mr. Bennett has been badly advised in allowing such inaccurate statements to be published. He knows right well why he was dismissed, and the Poor-law Board will be, if they are not already, in possession of the facts.

I enclose for your information a list of the guardians, and ask whether you think it at all likely that such men as Sir William Bodkin, J.P., Assistant-Judge; our Chairman, Mr. W. H. Wyatt, J.P.; or the two Vice-Chairmen, Mr. Churchwarden Furness and Mr. J. R. Collins—men whose names are as familiar as household words, and who play a very prominent part in a public capacity,—would lend themselves to, or in any way sanction, such acts of injustice as you have enumerated.

I hope, therefore, in consideration of their character, which has been so unjustly assailed, you will insert this letter in your next impression, and oblige,

Yours faithfully,

WILLIAM J. COLLINS, M.D.

Albert-terrace, Regent's-park, October 9th, 1867.

*** We insert Dr. Collins's letter, but cannot see that it serves the cause of which he has constituted himself the advocate. His assertion that our statement that Mr. Bennett was dismissed because he was "*married*," after being tempted to resign his prospects in the country, &c., is a "gratuitous falsehood," will hardly be accepted without some little evidence in support of it. That Mr. Bennett's marriage is not the *real* reason for his dismissal, we can well believe; but it is the only reason which has been hitherto assigned. We hear that the Board, having been called upon by the Poor-law Board to give some explanation of their arbitrary proceedings, have alleged that, while they have no fault to find with Mr. Bennett as an officer and a gentleman, they believe he has not sufficient administrative capacity for so important a post. A bad excuse is better than none; but this excuse comes a little too late, especially after the action of the Board in appointing three medical officers to do the work which had previously been done by two. But Dr. Collins says that Mr. Bennett was not tempted to take the appointment by a prospect of permanency, &c. We are positively informed that when Mr. Bennett appeared as a candidate before the old Board, Dr. Collins himself put this question to him: "Do you seek this appointment as a stepping-stone or as a permanency?" Mr. Bennett replied, "A permanency." Our correspondent makes a great point of the fact that Messrs. Bennett and Hayden were elected in January and "*February*," whereas the present Board was not constituted until June. This is disingenuous, to say the least of it, as Dr. Collins knows right well that the great majority of the elected members of the present Board, himself included, had seats at the old Board. We have not seen the article in the morning paper to which Dr. Collins refers, but we are not surprised to learn that it expresses sentiments similar to our own; and it is a significant fact that, though many of the journals have taken up this case, none have more strongly denounced the action of the guardians than the local press published in their midst. The attempt to shield this "honourable" Board under the respectability of names like that of Sir William Bodkin, is ingenious; but our correspondent well knows that the majority of the *ex-officio* guardians have been conspicuous by their absence at the late meetings of the Board. Mr. J. R. Collins, however, admitted at a recent meeting of the guardians, over which he presided, that Mr. Bennett had "established a case of hardship."—ED. L.

T. R. F. R. T.—The second letter of our correspondent explains the whole matter. Those who put questions to us should be as distinct as possible in their language, and give in detail all the circumstances connected with the subject to which the question refers. It is better to state a case plainly and practically, and not hypothetically.

A CORRESPONDENT complains that the Board of the Hospital for Incurables advertised some short time ago in THE LANCET for a Governor, inviting applications of medical practitioners; but, notwithstanding several applied, they did not appoint one.

Dr. Grailly Hewitt.—In an early number.

Dr. Macloughlin.—We really have not space for the very long letter of Dr. Macloughlin. The subject has been so much discussed that there seems no necessity for more to be said.

Myra.—1 and 2. Yes, he can do so in both instances, as a matter of custom and courtesy.

Mr. Thomas Smith's paper on "Hare-Lip" is in the hands of the printer.

TIN TEA-KETTLES.

To the Editor of THE LANCET.

SIR,—Happening to be required by business to visit a manufactory in this town, where what are called wrought-iron tinned tea-kettles are made, I saw one of these so-called tinned tea-kettles, and, knowing something about metals, I saw at once that it was not *tin*, but *lead* that lined it. I immediately said to the foreman, "That is not tinned inside, but leaded." "No," said he; "it is not all lead, but lead and tin, but principally lead." "But you sell them as tinned inside," I said. "Oh, yes," said he; "but we cannot afford to put tin at the price."

You, Mr. Editor, and most of your readers know how dangerous this lead may be. If the Legislature does not put a stop to such proceedings, it would be well if the public were warned not to buy wrought-iron tea-kettles under any circumstances. Cast-iron will not take lead, or not without so much trouble as would render it dearer than tin; consequently cast-iron vessels are coated with pure tin, or what may be called pure for all practical purposes.

The remedy, therefore, for the public would seem to be, either to buy cast-iron kettles enamelled inside, or tinned inside; or, if economy is a matter of importance, plain cast-iron, which is perfectly wholesome, without either tin or enamel inside; or kettles made of block-tin—that is, sheet-iron made into tin plates by the coating of pure block-tin that is used for the purpose.

If you have any desire to verify my statement, if you order a wrought-iron tea-kettle from any ironmonger, you will probably find it lined mainly with lead, as most likely all the manufacturers of them act in the same manner. If any of them do not adulterate the tin with lead, the publication of this letter might give them an opportunity of saying so.

I remain, Sir, yours truly,

Wolverhampton, October, 1867. ARGUS.

P.S.—Immense quantities of these leaded tea-kettles are exported.

COMMUNICATIONS, LETTERS, &c., have been received from—Prof. Syme, Edinburgh; Sir W. Fergusson; Sir H. Thompson; Prof. Gamgee, Birmingham; Dr. Grailly Hewitt; Mr. Thos. Smith; Messrs. Williams; Mr. Tomlinson; Dr. A. Weeks, Cherry Hinton; Mr. Gell; Dr. J. B. Hicks; Mr. Humphreys; Mr. A. Jubb; Mr. Leigh; Captain Macgregor, Edinburgh; Mr. Morgan; Dr. Heron, Glasgow; Mr. Estlin; Mr. Harrison, Birkenhead; Dr. Whiteley; Mr. S. Johnson; Mr. Driffield; Mr. Wall, Wigan; Mr. Brown, Cleveland; Dr. Stuart; Mr. Rowland; Mr. Pickering; Dr. Bridgman, Berkeley; Mr. Cooksey; Mr. Buxton; Mr. Jones, Llanidloes; Rev. T. White, Lynn; Dr. Griffith, Portmadoc; Mr. Wilson, Callander; Mr. W. Morton, Bangor; Mr. J. Johnson, Reading; Mr. C. Wakeling; Dr. Nelson, Birmingham; Mr. Hayden; Dr. Henry, Pomeroy; Messrs. Gilbey; Messrs. Crate and Co., Winchester; Dr. Scoffern; Mr. J. Latham; Mr. Locke; Dr. Barnes, Liverpool; Mr. W. Wood; Mr. Moses, Burton-on-Trent; Capt. Rannie, Glasgow; Dr. J. Short, Madras; Dr. Anderson; Mr. Jell, Porthowe; Dr. Woodifield, Sunderland; Mr. Duncan, Glasgow; Dr. Rattray; Dr. Goyder, Bradford; Dr. Greaves, Derby; Mr. Eagleton; Mr. Welch, Ely; Dr. Helen, Rugby; Mr. S. Reid; Dr. Hicks, Chigwell; Dr. Martin, Little Hutton; Dr. Beigel; Dr. Curran, St. Leonards; Messrs. Trübner and Co.; Mr. Garlick, Halifax; Mr. Peck; Mr. Cuthbert; Dr. Curran, Bexhill; Dr. Ildeston, Fairfield; Mr. Capes; Mr. Baker; Mr. C. L. Kemp; Mr. Poole; Messrs. Widdicombe; Dr. Vallance; Mr. Packe, Chester; Mr. Horgan; Mr. Johnstone; Mr. J. Taylor; Dr. Richardson, Rhayader; Dr. Fotherby; Mr. Crisp; Mr. Asted; Mr. March, New Wandsworth; Mr. Faulkner; Mr. Seydel, Birmingham; Dr. Woodward; Mr. Baynes, Bedford; Mr. Drane, Pontypridd; Dr. A. L. Owen; Mr. Lowther; Dr. J. Smith, Liverpool; Dr. Taylor, Woodstock; Dr. Crane; Mr. Thomas, Dublin; Dr. Lawrence; Dr. Sweeting, Stratford; Messrs. Rose and Co., Leith; Dr. Sisson; Mr. Selby; Mr. C. L. Anderson, Liverpool; Dr. Tibbits; Dr. Pennell; Mr. Field; Dr. Gibbon; Mr. Crofts, Tring; Mr. Argill; Mr. Hunter; Dr. Savage, Acton Moor; Dr. Warrener; Mr. Brown, Durham; Dr. Masson, Saint Fillans; Mr. W. Parker, Bath; Mr. G. Laylor; Mr. Plant; Dr. Hawthorn; Dr. Gervis; Dr. Arnison, Newcastle; J. C. K.; The Registrar-General of Edinburgh; E. J.; H. C.; A. B.; M.D.; A Surgeon's Son; M.D. Edin.; Naval Supplemental Fund; Delta; One about to Insure; J. H. B.; A Constant Reader; M.D., St. Leonards; Aurites; J. R.; B. C. D.; Army Medical Department; Rusticus; A. W. B.; Y. C.; A Subscriber; A. W. B.; M.D., Teignmouth; J. S.; J. W., Manchester; &c. &c.

THE *Army and Navy Gazette*, the *Harrogate Advertiser*, the *Chronicle*, the *New York Medical Record*, the *Jamaica Gleaner*, the *Sunday Gazette*, the *Huntingdonshire News*, *Southport Visiter*, the *West Surrey Times*, the *Gateshead Observer*, the *Harrogate Herald*, the *New York Globe*, the *Port Louis Commercial Gazette*, and the *Middlesborough Weekly News* have been received.